

**IMPORTANT: THIS IS A LEGAL DOCUMENT**

**Please read and understand this document before signing.**

**Potomac Area Road Riders  
Release, Waiver and Indemnity Agreement**

I request to participate in the motorcycle riding and related activities of the Potomac Area Road Riders. I understand that the Potomac Area Road Riders and its officers and members (hereinafter "PARR") have no special training or accreditation and are not responsible for my safety. I understand and agree that PARR is not responsible for either the condition of the roads and highways or the conduct of individuals using them, including other participants in PARR's activities. I also understand and agree that motorcycle riding activities are inherently dangerous and involve the risk of serious injury, paralysis, death, or property damage.

In consideration of being permitted to participate in motorcycle riding and related activities conducted by PARR, I hereby assume full responsibility for the risk of bodily injury, paralysis, death or property damage due to the negligence of PARR while in or upon any place or area of activity involving PARR, whether caused by the negligence of PARR or otherwise. I acknowledge that I have read, understood, and agree to abide by the rules and requirements set forth within the *PARR Tour Riding Requirements* document which applies to all PARR rides. I also acknowledge that I fully meet the requirements as stated in the document.

I, for myself, my spouse, legal representatives, heirs, and assigns, also release, waive, and discharge PARR from all liability to me, my spouse, legal representatives, heirs and assigns, for all loss or damage on account of injury to me or to property, including injury resulting in paralysis or death, whether caused by the negligence of PARR or otherwise, while I am riding, socializing or participating in any PARR-related activities.

I also agree to indemnify PARR from any loss, liability, damage or cost they may incur that results from my presence in or upon any place or area of activity involving PARR whether caused by the negligence of such persons or organizations or otherwise.

I also agree that this Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

I verify that I have the required liability insurance with an insurance company licensed to do business in the state where my motorcycle is registered.

By signing this Release, Waiver, and Indemnity Agreement, I certify that I am of legal age, have read this Agreement, fully understood it, and I am not relying on any statements or representations of PARR as an inducement to sign. I understand that this means I will NOT SUE PARR for any cause released herein.

I have had the opportunity to ask any and all questions about this Waiver and Release and I understand its terms and meaning.

IN WITNESS WHEREOF: I hereby execute this Release, Waiver and Indemnity Agreement on

the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PARR Official Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

***NOTE: Reverse side of this document must also be completed for riders under the age of 18.***

**IMPORTANT: THIS IS A LEGAL DOCUMENT**

Please read and understand this document before signing.

**Potomac Area Road Riders  
Release, Waiver and Indemnity Agreement**

*(To be completed by the Parent or Legal Guardian for participants under 18 years of age.)*

I (A) AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT IDENTIFIED ON THE REVERSE SIDE OF THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT DOCUMENT, (B) HAVE READ THE FOREGOING RELEASE (INCLUDING SUCH PARTS AS MAY SUBJECT ME TO PERSONAL FINANCIAL RESPONSIBILITY), (C) AM AND WILL BE LEGALLY RESPONSIBLE FOR AND (D) AGREE FOR MYSELF, FOR THE PARTICIPANT, FOR PARTICIPANT'S FAMILY, ESTATE, HEIRS, ADMINISTRATOR(S), PERSONAL REPRESENTATIVE(S), OR ASSIGNS, IF PARTICIPANT IS DECEASED, TO BE BOUND BY ITS TERMS.

I HAVE HAD THE OPPORTUNITY TO ASK ANY AND ALL QUESTIONS ABOUT THIS WAIVER AND RELEASE AND I UNDERSTAND ITS TERMS AND MEANING.

**PARENT OR LEGAL GUARDIAN:**

Signature: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PARR WITNESS:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_