



DAV 5K

RUN TO HONOR VETERANS

MOTORCYCLE - REGISTRATION & DONATION FORM

Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Date of Birth ____/____/____ Age on race day? _____ Male Female
 Emergency Contact Name _____ Emergency Contact Phone _____
 DAV 5K Team Name (optional) _____

- Yes, I would like to receive important emails about race day info. Are you an employee of DAV? Yes / No
 Yes, I would like to receive postal mail from DAV. Are you a member of DAV or DAV Auxiliary? Yes / No

SELECT YOUR CITY & REGISTRATION TYPE

ATLANTA BOSTON CINCINNATI KEMAH NEWPORT NEWS TULSA

- VIP Veteran Motorcycle: \$15**
 Includes shirt.
 Shirt Size: XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL
- Adult Motorcycle (18 & older): \$30**
 Includes shirt
 Shirt Size: XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL
- FREE Veteran (no fee)**
 Shirt not included

****Forms received by mail must be postmarked by Monday, October 15 to ensure time for processing****

2018 DAV 5K Dates
November 3
 Kemah & Tulsa
November 4
 Newport News
November 10
 Atlanta, Boston, Cincinnati

Waiver (Signature required if registering for the event)

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. IF I AM SIGNING ON BEHALF OF ANY OTHER PERSON OR PERSONS, I CERTIFY THAT I HAVE AUTHORITY TO DO SO. I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST DISABLED AMERICAN VETERANS, DBA DAV, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE DAV 5K AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the DAV and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USA T&F rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions. Motorcycle Honor Ride Participants: Safety is our primary concern. Please observe all federal, state and local laws, and ride safely and defensively. We request that you and your passenger wear a helmet, appropriate clothing and eyewear. If you and/or your passenger choose to ride without a helmet, you do so at your own risk. Please ride with your headlight on at all times and never ride under the influence of alcohol or drugs. I UNDERSTAND, THAT BY SIGNING THIS DOCUMENT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event. I AM EXPERIENCED IN AND FAMILIAR WITH THE OPERATION OF MOTORCYCLES AND FULLY UNDERSTAND THE RISKS AND DANGERS INHERENT IN MOTORCYCLING. I am voluntarily participating in the event and I expressly agree sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which I might suffer as a result of my participation in the event. I further understand and I assume all risks in participating in the event. IF ANY PART OF THIS WAIVER AND RELEASE IS DEEMED TO BE UNENFORCEABLE, THE REMAINDER SHALL BE ENFORCEABLE TO THE FULL EXTENT OF THE LAW.

Participant Signature _____ Date ____/____/____
 Printed Name _____

YES! I WANT TO MAKE A DONATION.

- \$25 \$50 \$100 \$250 Other _____
- Cash Check (DONATIONS ARE TAX DEDUCTIBLE. (MAKE PAYABLE TO DAV AND INCLUDE DAV 5K & PARTICIPANT NAME IN MEMO FIELD))
- Credit Card (ALL FIELDS REQUIRED) Type of card (CIRCLE ONE) VISA MasterCard American Express Discover
- Name as it appears on card _____ Cardholder Signature _____
- Card # _____ Expiration Date _____
- Billing Address (if different from above) _____
- Total Amount Enclosed (including registration fee and donations): \$ _____

PLEASE MAIL FORM AND PAYMENT TO:
DAV National Headquarters
Attn: DAV 5K, 3725 Alexandria Pike, Cold Spring, KY 41076