



March 27, 2021  
16<sup>th</sup> Annual  
Charity Motorcycle Ride  
"Central Florida Ride for Our Troops"

Sponsored by:  
**American Legion Post 412**  
Benefiting:  
J.O.S.H. (Just Our Soldiers' Helpers)  
Orlando, Florida



## REGISTRATION FORM

(please print clearly)

Primary Rider's Name: \_\_\_\_\_

Passenger Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Registration fee enclosed in the amount of: (Make checks payable to "American Legion Post 412" )

\_\_\_\_\_ \$25 (Single) \_\_\_\_\_ \$40 (Double) \_\_\_\_\_ Will pay the morning of event

(To pay by Credit Card, contact Bill Musto @ 407-325-2205 or by email [CFRFOT@gmail.com](mailto:CFRFOT@gmail.com) for a "Square" invoice).

WAIVER: As a rider/passenger/participant of Central Florida Ride For Our Troops, I agree that I am aware of and responsible for my conduct and actions. As the operator, I certify that I am duly licensed and competent to operate a motorcycle in a safe manner, and the vehicle is in a safe operating condition. I will be riding on public highways and am solely responsible to determine the speed and operational characteristics of my motorcycle while participating in the event. I hereby release and hold harmless, sponsors and any of their members, employees or volunteers against any and all claims, causes of action, or any other liability of any kind arising from my activity of riding any motorcycle or participating in the event. I am aware that motorcycling carries a significant risk of serious personal injury, death and property damage. I freely and voluntarily assume all such risks of loss; I do for myself, my heirs, executors, legal representatives, administrators and assigns, hereby give up, release, and forever discharge in advance my rights to sue or make any claim for damages due to negligence or carelessness against Sponsors and their Officers, Directors, employees, Ride leaders, and volunteers for injury to my person, rider or property that I may suffer, including crippling injury or death, while participating in this event, whether they are formal or informal. In signing this document, I represent that I am fully knowledgeable of the danger and hazards associated with riding motorcycles and will not partake of alcohol during this event.

Primary Rider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Passenger Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL FORM BY March 1<sup>st</sup> TO [CFRFOT@gmail.com](mailto:CFRFOT@gmail.com) OR MAIL WITH YOUR DONATION TO American Legion Post 412, 10524 Moss Park Rd #204-190, Orlando, FL 32832**

**PRE-REGISTRATION IS PREFERRED, BUT YOU MAY ALSO REGISTER THE DAY OF THE EVENT.**