

# HOMETOWN HEROES, INC.

## RIDER INFORMATION AND EMERGENCY FORM

**Each participant, including companion riders, is required to complete this form.**

### PERSONAL INFORMATION (please print):

NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PHONE NUMBERS and EMAIL:

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

### HEALTH INSURANCE:

CARRIER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

### EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE #'S HOME \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

### 2<sup>ND</sup> RIDER OR COMPANION RIDING SAME MOTORCYCLE:

NAME \_\_\_\_\_ LICENSE # and STATE \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### HEALTH INSURANCE:

CARRIER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

### EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE #'S HOME \_\_\_\_\_ CELL \_\_\_\_\_ OTHER \_\_\_\_\_

# HOMETOWN HEROES, INC.

## MOTORCYCLE/VEHICLE INFORMATION:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
VIN # \_\_\_\_\_  
LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  
INSURANCE CARRIER \_\_\_\_\_  
POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

## RIDER FEES (check one and circle PAYPAL if used):

SINGLE RIDER / SINGLE ROOM	___ \$900.00	___ 918.00 Online via Credit Card/Paypal
SINGLE RIDER / SHARED ROOM	___ \$600.00	___ 612.00 Online via Credit Card/Paypal
RIDER & PASSENGER	___ \$900.00	___ 918.00 Online via Credit Card/Paypal
ONE COUPLE (TWO MOTORCYCLES)	___ \$1000.00	___ 1020.00 Online via Credit Card/Paypal

**(FUEL INCLUDED FOR MOTORCYCLES ONLY)**

CAR OR TRUCK (PER COUPLE)	___ \$800.00	___ 816.00 Online via Credit Card/Paypal
---------------------------	--------------	--

**(FUEL IS NOT INCLUDED FOR CARS & TRUCKS)**

**(One half of the above fees are due by June 30<sup>th</sup> with the balance paid by July 31<sup>st</sup>. Please make your check payable to HOMETOWN HEROES INC.) Special arrangement can be made if the preference is to pay monthly with balance being paid in full by August 31<sup>st</sup>. **ADD 2% IF PAYING THROUGH PAYPAL AS SHOWN ABOVE.****

**PLEASE NOTE: ONLY A PORTION OF THE RIDE IS TAX DEDUCTIBLE. A DONATION RECEIPT WILL BE SENT OUT AFTER THE RIDE WITH THE DEDUCTIBLE DONATION AMOUNT.**

## CONTACT INFORMATION:

Jeff Cook	(704) 579-8319
Mike Heafner	(704) 283-9467-(IRON HORSE MOTORCYCLES)
Forrest Denton	(980) 722-7822
Mike Smith	(704) 622-3789
Donna Brooks	(704) 221-2579 <b>(PAYMENT PLAN CONTACT)</b>

## PLEASE REMIT PAYMENT AND SIGNED DOCUMENTS TO:

HOMETOWN HEROES INC.  
PO BOX 953  
MONROE, NC 2811

## MAKE PAYMENTS BY CREDIT CARD ONLINE:

We utilize Paypal for credit card processing. You do not have to be a member of Paypal. Processing fees are applied when paying online.

<http://htheroes.org/resources/heroes-store/category/13-event-tickets.html>

Enter Check Number or Online Order Number Here: \_\_\_\_\_

**FRIENDLY REMINDER- PLEASE MAKE SURE ALL FORMS THAT REQUIRE YOUR SIGNATURE(S) ARE SIGNED BEFORE RETURNING TO HOMETOWN HEROES. THANK YOU AND RIDE SAFE!!!!**

# HOMETOWN HEROES, INC.

## MISCELLANEOUS INFORMATION

### ROOM PREFERENCE:

NON-SMOKING \_\_\_\_\_

SMOKING \_\_\_\_\_ (IF AVAILABLE)

### SHIRTS (check one per person)

#### MEN'S SHIRT SIZE:

T-SHIRT SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

TANK TOP SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

#### WOMEN'S SHIRT SIZE:

ORIGINAL T-SHIRT SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

ORIGINAL TANK TOP SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

**OR**

FITTED T-SHIRT SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

FITTED TANK TOP SM \_\_\_ MED \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_

### PERSONAL INFORMATION:

MEDICATIONS: \_\_\_\_\_

---

---

---

---

ALLERGIES: \_\_\_\_\_

---

---

---

---

COMMENTS: \_\_\_\_\_

---

---

---

---

---

# HOMETOWN HEROES INC.

## CHARITY RIDE STATEMENT OF POLICIES

This document sets forth the policies which have been adopted by Hometown Heroes Inc. Charity Ride with regard to the annual event know as the Hometown Heroes Charity Ride and any other rides sponsored by Hometown Heroes Inc. (hereafter referred to as the "Ride") in order to facilitate a smooth Ride and to promote the safety of the participants in the Ride.

1. Every participant who will operate a motorcycle in the Ride (hereafter the "Driver" or "Drivers") must furnish his/her own motorcycle and be familiar with the operation of a motorcycle. Hometown Heroes will not arrange to furnish motorcycles for any Driver.
2. Each motorcycle must be equipped to go the distance of 125 miles on a single tank of gas.
3. All Drivers must be at least eighteen (18) years of age and have a valid license to operate a motorcycle.
4. All companion riders (hereafter "Companion" or "Companions") must be at least twelve (12) years of age or older, and any Companions who are under the age of eighteen (18) must be accompanied by a parent or guardian. Exceptions to this policy may be made in case of immediate family members of the Ride's staff only.
5. No one under the age of 21 years of age will be permitted to operate any official Ride vehicles or sponsor-supported vehicles. No one will be permitted to operate any official Ride vehicles or sponsor-supported vehicles unless they are listed on the Ride's insurance policy.
6. All participants including Drivers and Companions (sometimes collectively referred to as the "Participant" or "Participants"), must operate their motorcycles in a safe manner at all times, as judged in the sole and exclusive judgment of Ride personnel, and must follow any and all instructions given by Ride personnel regarding riding matters. Such instructions may include, but not limited to, terminating the Driver's participation in the remainder of the Ride or instructing a Driver that he/she must ride in the back of the pack and be accompanied by the official Ride motor marshal for the remainder of the Ride.
7. All participants must wear helmets at all times while riding their motorcycles during the Ride. This requirement applies regardless of whether the laws of a particular state require the use of a helmet while in the state.
8. All application forms and participate fees must be received on or before the date set forth in application materials (hereafter the "stated due date"). Application forms must be accompanied by a non-refundable deposit in the amount set forth in the application and the Participant's agreement to be subject to all policies set forth herein. If an application or participant fees are not received by the Stated due date the Applicant will not be able to participate in the Ride without special permission, which may be given in the sole and exclusive discretion of Ride personnel.
9. Participation in the Ride is a non-transferable right. Participants will not be allowed to transfer their spot on the Ride to another individual.
10. Participation fees may not be transferred from one year's Ride to a subsequent year's Ride.
11. If a Participant is required to have prescription medication while participating in the Ride, any such prescribed medications must be listed in the Participant's Emergency form. If it is determined the prescription medication might be dangerous in connection with the operation of a motorcycle, the Participant will be notified and will not be allowed to participate in the Ride.
- 12. The use of any form of alcohol or illegal drugs by participants while driving in the Ride is strictly prohibited.**
13. All Participants (including Ride staff members) must remain with the Ride group at all times unless he/she obtains advance approval to leave the Ride group. If a Participant desires to leave the Ride group for any reason, he/she must make a request at least 24 hours in advance and sign a Release form along with the request. The request should specifically state when the Participant would like to leave the Ride and when he/she would like to return to the Ride, which will be available during event. All such requests should be directed to the ride Officials.(Officials will be announced the day of ride)
14. If an accident or injury occurs during the Ride, the accident or injury must be reported to Hometown Heroes Inc. within the following 24 hours.
15. The Ride will pay for fuel during the Ride as long as the Participant obtains fuel for their motorcycle during regular fuel stops. If a Participant chooses to stop for fuel before or after the fuel stop, the Ride will not be responsible for the cost of such fuel, which is not obtained during the regular fuel stops.
16. The stated due dates for providing information to the Ride are set to ensure a smooth operation of the Ride and to allow sufficient time for planning, ordering, and obtaining required supplies, food and accommodations. Therefore, it is imperative that Participants provide all requested information on or before the stated due dates. If a participant seeks to change and/or supplement his information after the stated due dates, the Ride is not obligated to change and/or supplement that information and retains the sole and exclusive discretion, to reject any application, and to terminate any Participant's participation in the Ride. The Ride may also impose additional charges to cover the costs of such changes, including but not limited to a \$35.00 administrative change fee.
17. Ride personnel reserve the right to instruct a Participant to comply with these policies, to condition a Participant's continued participation in the Ride on any conditions deemed suitable by Ride personnel in their sole and exclusive discretion, to reject any application, and to terminate any Participant's participation in the Ride at any time (whether before or after the Ride has begun) for any reason. The Ride is not obligated to give a refund of any portion of any fees in the event that the Ride exercises ant of its rights under this provision or these policies.
18. The wavier by the Board of any of the policies set forth herein in any particular circumstance shall not be considered a waiver of the policy under any other circumstance.
19. In the event of any dispute about any application for or participation in the Ride, Participant's remedies against the Ride will be limited to a refund of fees. As a condition of application and participation, all Participants must agree in the application form to waive any other damages other than refund of fees paid as set forth in this paragraph.
20. The requesting organization to utilize law enforcement assistance shall ensure that no colors from outlaw gangs will be displayed. Any colors for any outlaw organization worn by participants will be removed at the discretion of any assisting law enforcement agency.

**I hereby agree to be bound by the policies of Hometown Heroes Inc. I understand that participation is non-transferable and all deposits are non-refundable.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

# HOMETOWN HEROES INC.

**THIS IS A LEGAL DOCUMENT WHICH CONTAINS A RELEASE OF LIABILITY. YOU SHOULD READ THIS CAREFULLY BEFORE SIGNING AND INQUIRE ABOUT ANYTHING THAT YOU DO NOT UNDERSTAND.**

1. I understand and accept that certain activities associated with the Hometown Heroes Charity Ride (herein after the "Ride"), organized by Hometown Heroes Inc. including any travel related to the Ride, participation in the Ride, and activities which I may participate in while on the Ride, could expose me to numerous known and unanticipated risks which could result in personal injury, illness, or death to myself or damage to my property and the property of others.
2. I am solely responsible for the decision to participate in the Ride and have freely chosen to participate, despite the risks associated with it. I assume the risks associated with the Ride, as well as the risks of any activities, which I may participate in during the Ride.
3. I understand the operating a motorcycle during the Ride may subject me to rigorous physical exertion, and I state that I am in sufficient physical condition to accept the rigorous level of exertion that may be involved.
4. I understand that Hometown Heroes Inc. or the events sponsors are not responsible for any damages or loss property, including but not limited to motorcycle or personal property, incurred by the transportation of my property.
5. I understand and agree that I will obtain and maintain motorcycle liability insurance coverage to cover me, any property and any other liabilities that may arise out of any accident or injury which may occur involving me on the Ride. I will provide to Hometown Heroes proof of such insurance.
6. I understand and agree Hometown Heroes, their agents, and Ride sponsors shall not be liable for any claims, actions, and causes of action, injuries, damages (including indirect, special, or consequential damages), loss, delays, illnesses, or expenses of any nature suffered by me arising out of or resulting from the Ride. I understand upon any accident or injury, that it must be reported to Hometown Heroes within the following 24 hours.
7. I hereby release and hold harmless Hometown Heroes, their employees and agents, from any and all liability whatsoever, including any claim of negligence or neglecting act, which may arise out of or in connection with my participation in the Ride and its related events. The terms of this Release agreement shall serve as a release by the heirs, executors, administrators and by all members of my family. This release agreement shall serve as a release agreement of the same for any family members, including minors, who may accompany me.
8. Prior to signing this document I have had an adequate opportunity to read and understand it, to consult with an attorney if I so desire, and any questions I have are answered to my satisfaction.
9. I understand and agree that consuming alcohol or drugs while operating my motorcycle will result in immediate termination of my participation in the Charity Ride.
10. I understand that only a portion of the fees are tax deductible and I will receive a donation receipt for only the portion of the fees that are tax deductible.

## PARTICIPANT

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## PARTICIPANT

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## PARENT OR GUARDIAN

**(IF PARTICIPANT IS UNDER AGE 18)**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_