

2012 BOSS IRONMAN CHALLENGE VII REGISTRATION FORM



NAME

Last	First	Middle
------	-------	--------

ADDRESS

--

Contact Info

Mobile Phone
Landline
E-Mail

PERSONAL INFO

Date of Birth MM DD YYYY	Age	Blood Type	Medical Condition/s & Allergies
-----------------------------	-----	------------	---------------------------------

In Case of Emergency, Contact :

Full Name	Relationship to Participant	Contact Numbers
-----------	-----------------------------	-----------------

Motorcycle Info

Make	Model	Year	Odo Reading
------	-------	------	-------------

Motorcycle CLUB

--

I HEREBY VOLUNTARILY PARTICIPATE IN THE CHALLENGE ON MY OWN FREE WILL, AND AGREE TO INDEMNIFY, DEFEND AND HOLD THE ORGANIZERS, ITS OFFICERS, MEMBERS AND SPONSORS FREE AND HARMLESS FROM ANY LOSSES, COSTS, ACTIONS, FINES, CLAIMS, SUITS, FEES, DISBURSEMENTS, LIABILITIES, DAMAGES, JUDGEMENTS AND EXPENSES (INCLUDING, BUT NOT LIMITED TO REASONABLE ATTORNEY'S FEES AND COSTS INCURRED IN THE INVESTIGATION, DEFENSE AND SETTLEMENT OF CLAIMS) THAT I MAY SUFFER OR INCUR ARISING FROM OR OUT OF ANY INJURY, DISEASE, MEDICAL TREATMENT, DEATH OF PERSONS, ANIMALS, DAMAGE TO PROPERTY RESULTING FROM OR CAUSED BY THE PLANNING ORGANIZATION, IMPLEMENTATION, EXECUTION AND/OR COMPLETION OF THE BOSS IRONMAN CHALLENGE.

I DO CERTIFY THAT THE ABOVE INFORMATION THAT I HAVE GIVEN IS TRUE

Signature of Registrant

Received On :

Received By :

Payment Received :

2012 BOSS IRONMAN CHALLENGE VII
Manila, Philippines

RELEASE AND WAIVER

The undersigned participant, for and in consideration of the opportunity to participate and ride in the forthcoming 2012 Annual BOSS Ironman Challenge (hereinafter, the “**Event**”) conducted by the BMW Owners Society of Safe Riders (“**BOSS**”), a Philippine non-profit organization, hereby releases and holds harmless BOSS, its directors, officers, members, employees, agents, assignees, licensees, sponsors, volunteers and any other cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (hereinafter, the “**Released Parties**”) from any and all claims and demands, rights and causes of action which I now have or later may have against the **Released Parties**, in any way resulting from any injury to myself or others, including any damage to my property or the property of others, arising from, or in connection with my participation in the Event.

I understand that this Release extends to any and all claims I have or later may have against the **Released Parties** resulting from or arising out of the performance of their duties whether or not such claims result negligence (except willful neglect) on the part of any or all of the **Released Parties** with respect to the **Event** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **Event** are conducted or from any other cause.

I hereby represent and warrant that I am experienced in and familiar with the operation of motorcycles, and fully understand the risks and dangers inherent in motorcycling. I am duly licensed by the Land Transportation Office to operate a motorcycle. I further represent and warrant that I have adequate comprehensive accident insurance coverage to indemnify BOSS, my heirs, or any third party against any damage to or loss of property, including injury or death, arising from or in connection with my participation in the Event. If my application to participate in the Event is approved by BOSS. I affirm that my participation is voluntary and I expressly agree to assume the entire risk, cost and/ or damage from any accident or personal injury, including death, which I or others might sustain as a result of my participation in the Event, and any negligence (except willful neglect) on the part of any or all of the **Released Parties** in performing their duties.

By signing this Release, I certify that I have read this Release and fully understand its contents, and that I am not relying on any statements made by the **Released Parties**.

THIS IS A RELEASED AND WAIVER – READ AGAIN BEFORE SIGNING

Name of participant: _____ Marital Consent: _____
(Please sign above printed name) (Spouse must sign above printed name)

Address : _____

Tel (mobile) : _____ Tel (home): _____

Date : _____