

7TH ANNUAL SKULL RIDERS CHARITY BIKE RUN & CAR SHOW

OCTOBER 31, 2011

Dayton Collision
Route 130 S
South Brunswick, NJ

Motorcycle and Car Registration: 5:00—6:00 pm
Bike Run: 6:30 pm
Car Show: 5:00 - 9:00 pm

All proceeds from the bike run/car show go to a family from South Brunswick that has a child that has been diagnosed with a serious illness.

REGISTRATION FORM

NAME _____
REGISTRATION INCLUDES T-SHIRT-INDICATE SIZE S M L XL XXL(While supplies last)

ADDRESS _____

PHONE _____ CELL _____

EMAIL _____

PASSENGER: YES NO (Circle One) NAME: _____
REGISTRATION INCLUDES T-SHIRT-INDICATE SIZE S M L XL XXL(While supplies last)

\$20 RIDER \$10 PASSENGER \$20 CAR REGISTRATION AMOUNT ENCLOSED \$ _____

CASH CHECK (Circle One) Check# _____ **MAKE CHECKS PAYABLE TO: "SKULL RIDERS"**

Mail registration/payment to: Wendy Nagy
136 Deans Lane
Monmouth Jct., NJ 08852

I acknowledge and understand that no insurance is available for coverage unless otherwise provided by private insurance obtained by the undersigned.

I acknowledge that the members of the SKULL RIDERS HALLOWEEN RUN committee or SOUTH BRUNSWICK TOWNSHIP have no control or ability to control over the acts of the participants in the HALLOWEEN RUN. The undersigned participant hereby agrees to release, acquit, discharge, indemnify, defend and hold the Township of South Brunswick and the members of the SKULL RIDERS HALLOWEEN RUN committee harmless from any and all liability, damage, injury (to persons or property) or otherwise that may be sustained or incurred by reason of, or during the undersigned's participation in the events.

I have read and agreed to all conditions of the SKULL RIDERS HALLOWEEN RUN application and to rules governing the event and agree to observe all the rules and decisions of the event managements.

Rider Name (Print) _____ Signature _____ Date _____

Passenger Name (Print) _____ Signature _____ Date _____