

Nebraska American Legion Riders State Romp & Ride

June 10, 2017

American Legion Post 12, Chadron, Nebraska

www.ALR.org

Name _____

Passenger Name: _____

Address: _____

City, State, Zip: _____

Legion Post: # _____ ALR Chapter: _____

Phone (_____) _____ Email address: _____

Emergency Name and Phone Number (_____) _____

Who to contact in case of emergency.

Bike or other vehicle: _____

ITEM	COST	QUANTITY	AMOUNT
Poker Run & Meal, Couple	\$30.00	# _____	\$ _____
Poker Run & Meal, Single	\$20.00	# _____	\$ _____
Meal ONLY (Saturday eve)	\$15.00	# _____	\$ _____
Extra Hand(s)	\$10.00	# _____	\$ _____
Romp Patch	\$12.00	# _____	\$ _____
Romp Patch Rocker	\$ 8.00	# _____	\$ _____
<i>\$5.00 discount off of total for pre-registration received by June 1, 2017.</i>			\$ _____
TOTAL		# _____	\$ _____

Check Enclosed Money Order Enclosed

Late registrations are welcome, but delivery of Romp patches and rockers may be delayed.

If you plan to have continental breakfast with us Sunday morning, please check the box.
(breakfast will be free will donation)

I, the undersigned, agree that the American Legion and the American Legion Riders, shall not be liable or responsible for damage to property or injury to persons including myself during any State Romp activities, even where damage or injury is caused by negligence (except willful neglect). I understand and agree that all riders, members and their guests participate voluntarily, and at their own risk in all State Romp activities. I release and hold harmless all American Legion Family (Legion, Auxiliary, Sons, Riders) for any injury loss to my person or property that may result through my participation in the Ride and /or any and all State Romp activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with the Riders activities.

All Riders and Passengers must signify their understanding of an agreement with the above by signing and dating below.

Rider/Driver Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

Please return registration with check or money order payable to: Chadron Legion Riders-Post 12, 2214 Hidden Valley Road, Chadron, Nebraska 69337 Kathy Stokey (308) 430-4144 cell (308) 432-3282 home kstokey@csc.edu