



2026 Michigan Heroes Ride Registration, Release of Liability and Indemnification and Hold Harmless Agreement

PARTICIPANT INFORMATION:

TODAYS DATE _____
RIDERS NAME _____
STREET NAME & ADDRESS _____ CITY _____ ZIP _____
CELL PHONE NUMBER _____ HOME PHONE NUMBER _____
BIKE MANUFACTURER _____ COLOR _____ YEAR _____

PASSENGER INFORMATION:

PASSENGERS NAME _____
STREET NAME & ADDRESS _____ CITY _____ ZIP _____
CELL PHONE NUMBER _____ HOME PHONE NUMBER _____

**Early Registration Ride Fee: Rider or Passenger \$75.00 per person
Dinner Only: \$65.00 per person

**After July 1st Ride Fee:

Rider or Passenger is \$90.00 per person

Dinner Only: \$75.00 per person

You MUST pre register for this ride!

All registrations must be sent in and paid for BEFORE July 10th, 2026

The Heroes Banquet and MBHV Auction will be on Saturday night July 18th! This year we are staying at the LAKESIDE RESORT and CONFERENCE CENTER! This hotel sits on the shore of Beautiful Houghton Lake. They have a nice restaurant and bar in the hotel! No need to ride off looking for food or beverages! They will provide a bonfire pit where we can gather, enjoy drinks and each other's company. And there will be stories. There are always great stories of rides past.

NO SHIRT ORDERS ALLOWED AFTER JULY 10th, 2026

You must fill in and sign the REGISTRATION FORM and the WAIVER FORM

And send it with a check to:

MBHV

750 Mary Ln. Harrison, MI 48625

*Sorry no refunds. Unused admissions will be accepted as donations to help our Veterans in need.

YOU MUST READ AND SIGN BELOW TO PARTICIPATE

WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AND HOLD HARMLESS AGREEMENT IN FAVOR OF MICHIGAN BIKERS HELPING VETERANS INC. (MBHV)

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possibility liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holder, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Michigan Bikers Helping Veterans, Inc. and/or its directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of the releasee or otherwise.

I acknowledge that the Michigan Bikers Helping Veterans, Inc. and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Michigan Bikers Helping Veterans Inc.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and/or event monitors of the event, and lack of hydration, and all other inherent risks foreseen and unforeseen. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, sponsors, organizers, and assigns.

The accident wavier and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

“I, the undersigned, agree that the Michigan Bikers Helping Veterans, Inc. shall not be liable or responsible for damage to property or injury to persons including myself during this event, even where the damage or injury is caused by negligence. I understand and agree that participation in this event is voluntary, and is at my own risk. I release and hold the MBHV Inc. officers and directors and the MBHV Inc. harmless for any injury loss to my person or property that may result through my participation in this event. I understand that this means that I agree not to sue the MBHV and/or its officers and directors, for any injury resulting to myself or my property in connection with this event.”

Acknowledgment of Operator of Motorcycle Regarding Legal Registration, Licensing and Insurance Requirements as Conditions of Participation in Event

“I, the undersigned, certify that the motorcycle listed above is legally registered in accordance with state, city, and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers, and the motorcycle which meets at least the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver’s license with either a cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city, and/or local laws. I further certify that I have the legal right to utilize the listed motorcycle. I accept full responsibility for my safety and conduct, and the safety and conduct of any who may be participating as my guest or passenger in this event. I realize that these are requirements for my participation in this event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. IN THE EVENT THIS COMPLETED FORM IS BEING SUBMITTED DIGITALLY WITH MY ELECTRONIC SIGNATURE, I FURTHER CERTIFY SAME WILL BE CONSIDERED TO HAVE BEEN ADOPTED AND EXECUTED BY ME WITH THE INTENTION TO SIGN THIS DOCUMENT AND WILL BE GIVEN FULL LEGAL FORCE AND EFFECT.

***PARTICIPANT'S NAME AS SIGNATURE*:**

All participants must signify their understanding of and agreement with the above by signing and dating here

*DATE OF SIGNATURE: _____

*RIDERS NAME AS SIGNATURE: _____

*SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____

*DATE OF SIGNATURE: _____

Acknowledgment of Participation as Passenger, Only “I am participating as a passenger of the following participant: _____, who has certified their compliance with requirements of the event on this waiver form. I will not be operating a motorcycle during this event, but am participating in this event as a passenger.”

*DATE OF SIGNATURE: _____

*PASSENGER'S NAME AS SIGNATURE: _____

*SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18: _____

*DATE OF SIGNATURE: _____

*EMERGENCY CONTACT NAME: _____

*EMERGENCY CONTACT PHONE: _____

(This is who we would contact should something happen to you)