



# Son Chasers

## General Release/Hold Harmless Agreement for the Son Chasers Motorcycle Group

The undersigned desires to participate in various programs, events, trips or activities (hereinafter collectively referred to as "Activities") operated, or sponsored by FIRST BAPTIST CHURCH OF PEACHTREE CITY, GEORGIA (hereinafter referred to as the "Church").

The Son Chasers Motorcycle Group of the Church regularly participates in potentially dangerous activities. The undersigned understands and acknowledges that a participant may incur personal or bodily damage while participating in these activities, and assumes all risks inherent in these activities and accepts full and complete responsibility for any and all damages or injury of any kind.

The undersigned further understands and acknowledges that the Church would not allow an individual to participate in such activities without releasing and holding harmless the Church.

Further, the undersigned requests that the church allow him/her to participate in Church Activities and in consideration thereof agrees to hereby release and forever discharge the Church, its officers and directors, and its employees, agents and any parties volunteering on behalf of the Church, from all actions, claims, damages, costs, liens, expenses, or lawsuits of any kind growing out of, or related to any Activities of the Church in which the undersigned participates.

The undersigned further acknowledges that this is a full and complete release for all injuries and damages which the undersigned may sustain as a result of the undersigned's participation in any Church Activity. This form shall be valid for the 2007 calendar year.

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### *Participant:*

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I have a current Class "M" license Yes \_\_\_\_\_ No \_\_\_\_\_

The motorcycle I am operating/riding complies with all state requirements Yes \_\_\_\_\_ No \_\_\_\_\_

I am at least 18 years old Yes \_\_\_\_\_ No \_\_\_\_\_ (parent or legal guardian signature required if No.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Do you wish to be put on our email list? Yes \_\_\_\_\_ No \_\_\_\_\_