RIDE TO TIDE



Sunday, April 14, 2024 Rain date - Sun, Apr 21, 2024

Police-escorted ride from Rommel Harley-Davidson in Smyrna to Love Creek Elementary School in Lewes. Check-in Begins: **9:00 a.m.** | Bikes Depart: **11:00 a.m.**

* This ride is capped at the first 750 bikes. *



Early Bird Registration Fee through March 15: \$25 for Rider Only; \$40 for Rider + Passenger **Registration Fee March 16 through April 10:** \$30 for Rider Only; \$45 for Rider + Passenger

Register online, purchase a t-shirt, or learn more at WWW.SODE.ORG.













Please submit completed form to: Special Olympics Delaware, 619 S. College Ave, Newark, DE 19716
Fax: 302-831-3483 Scan/Email to: info@sode.org

PLEASE SELECT A REGISTRATION TYPE:	☐ Rider Only - \$25	Rider + Passenger - \$40	
Rider First & Last Name:	Email:		
Street:	City:	State: Zip:	
Phone: () Passenger Name <i>(if applicable)</i> :			
Emergency Contact Name:	Emergency Conta	act Phone: ()	
Motorcycle club or chapter name (if applicable):			
Would you like to be added to Rommel Harley Da	vidson's email list?	No	
PAYMENT INFORMATION		TOTAL \$	
Credit Card #:	Exp. I	Date:/	
Name on Card:		Security Code:	
Billing Zip Code:			
☐ Check enclosed – payable to Special	Olympics Delaware		



SPECIAL OLYMPICS DELAWARE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the Special Olympics Delaware Ride to the Tide event ("Activity"), I represent that I understand the nature of this event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that this event involves risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Delaware, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

RIDER Signature	PRINT NAME	Date
PASSENGER Signature	PRINT NAME	Date
Parent/Guardian Signature (if Participant Under the Age of 18)	PRINT NAME	Date