



**Patriot Guard Riders &
Wreaths Across America-Houston
RELEASE OF LIABILITY**



(Please print)

Last Name _____ First Name: _____

Road Nickname: _____ PGR Member YES / NO **(Circle One)**

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

Additional Passenger Participant (2) _____

E-Mail: _____

Would you like to be on the PGR EMail list for Mission Notification? **YES / NO (Circle One)**
If so, please PRINT your e-mail address so we can read it. This info is not sold or shared.

Release of Liability: As a condition of my voluntary participation in PATRIOT GUARD RIDERS for myself and my heirs and assigns, I hereby release and discharge the PATRIOT GUARD RIDERS and Wreaths Across America-Houston, its Board of Directors and Officers, Volunteers and Agents and any Affiliated Organizations and their respective Officers, Volunteers and Agents from any and all claims, demands, damages or liabilities arising from injury to my person or property as the result of participating in the MISSION/SPECIAL MISSION RIDE or other activity sponsored by PATRIOT GUARD RIDERS or Wreaths Across America-Houston. I currently hold a valid drivers license with proper endorsement, and I have comprehensive motor vehicle liability insurance covering the vehicle, which I will be operating on the MISSION/SPECIAL MISSION RIDES.

Completion of this form with my signature is acknowledgment of my agreement to the conditions of this document. Please sign here

Rider/Participant: _____ Date: _____

2- Passenger/Participant: _____ Date: _____

Emergency Medical Information and Bike Disposition Information, along with emergency contacts is the responsibility of the individual and should be carried at all times on your person and bike.