

**19th Judicial Circuit Victims' Rights Coalition
2016 NCVRW 11TH ANNUAL "RIDE FOR RIGHTS" REGISTRATION FORM**

ALL ENTRIES RIDE AT THEIR OWN RISK: RELEASE FORM ATTACHED

Driver's Name _____

Address _____

City _____ ST _____ ZIP _____

Contact Numbers: Home _____ Cell _____

Email Address: _____
(to receive information about yearly events)

How did you hear about the event (Circle all that apply)

- Flyer Email Radio Newspaper Family
Friend Coalition Member Other

Passenger's Name _____

Address _____

City _____ ST _____ ZIP _____

Contact Numbers: Home _____ Cell _____

Email Address: _____
(to receive information about yearly events)

The above information is true to the best of my knowledge. I understand that I am riding at my own risk and am financially responsible for any loss, injury, death, or property damage resulting from my participation in this event. I have read and signed the attached Release and Waiver of Liability and agree to the terms.

Driver's Signature _____ **Date** _____

Passanger's Signature _____ **Date** _____

*****Please complete release and waiver of liability*****