

**2024 REGISTRATION AND RELEASE FORM
SHADY OAKS CAMP “SOB MOTORCYCLE RUN”**

**THIS DOCUMENT CONTAINS A GENERAL RELEASE OF ALL CLAIMS
PLEASE READ BEFORE SIGNING**

I, _____, the Undersigned, on my own behalf and on behalf of my, spouse, heirs, executors, administrators, personal representatives, successors and assigns, for and in consideration of the opportunity to participate in the “2024 SOB MOTORCYCLE RUN” benefiting Shady Oaks Camp (“2024 SOB RUN”), hereby release and forever discharge Shady Oaks Camp for People with Disabilities, d/b/a Shady Oaks Camp, and their current and former members, officers, directors, agents, employees, contractors, attorneys, successors, assigns, partners, representatives, and insurers (“Released Parties”), from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have resulting from, arising out of, or in connection with my participation in the 2024 SOB RUN.

THIS RELEASE EXTENDS TO ANY AND ALL CLAIMS I HAVE OR MAY HAVE AGAINST THE RELEASED PARTIES WHETHER SUCH CLAIMS RESULT FROM NEGLIGENCE (EXCEPT WILLFUL NEGLECT) ON THE PART OF ANY OR ALL RELEASED PARTIES WITH RESPECT TO THE 2024 SOB RUN, OR WITH RESPECT TO THE CONDITIONS, QUALIFICATIONS, INSTRUCTIONS OR PROCEDURES UNDER WHICH THE 2024 SOB RUN IS CONDUCTED OR FROM ANY INJURIES RESULTING TO MY PROPERTY OR MYSELF DURING OR IN CONNECTION WITH THE 2024 SOB RUN.

I represent and warrant that: (i) I am experienced and familiar with the operation of motorcycles, and that (ii) I fully understand the risks and dangers inherent to motorcycling. If I am registering as a Driver, I further represent and warrant that: (i) I possess a current and valid license to operate a motorcycle, and that (ii) I am in compliance with all Illinois State statutory requirements regarding motorcycle insurance coverage.

I AM VOLUNTARILY PARTICIPATING IN THE 2024 SOB RUN AND I EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY ACCIDENTS OR OTHER OCCURRENCE(S) THAT RESULT IN PERSONAL INJURY (INCLUDING DEATH) OR DAMAGE TO MY PERSONAL PROPERTY WHICH I MIGHT SUFFER AS A RESULT OF MY PARTICIPATION IN THE 2024 SOB RUN, WHETHER SUCH INJURY OR DAMAGE RESULTS FROM NEGLIGENCE (EXCEPT WILLFUL NEGLECT) ON THE PART OF ANY OR ALL OF THE RELEASED PARTIES.

I understand and acknowledge that there may be alcoholic beverages served at stops along the 2024 SOB RUN route and that any consumption of alcoholic beverages by me is at my own choosing and will. **THE RELEASED PARTIES HAVE STRONGLY ADVISED ME NOT TO CONSUME ALCOHOLIC BEVERAGES BEFORE OR DURING THE 2024 SOB RUN AND HAVE ADVISED ME THAT IF I FEEL THE SLIGHTEST BIT IMPAIRED DURING THE 2024 SOB RUN, I SHOULD NOT PARTICIPATE. I REPRESENT AND WARRANT THAT I AM FULLY AWARE OF THE DANGERS OF DRINKING AND DRIVING AND THE ILLINOIS LAWS RELATED TO SAME.**

BY WAY OF MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ THE FOREGOING 2024 REGISTRATION AND RELEASE SHADY OAKS CAMP SOB MOTORCYLCE RUN FORM IN ITS ENTIRETY, THAT I FULLY UNDERSTAND ITS CONTENTS AND THAT I AM NOT RELYING ON ANY STATEMENT OR REPRESENTATION OF ANYONE REGARDING SAME.

DRIVER

PASSENGER

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Home Address: _____

Home Address: _____

Phone: _____

Phone: _____

Month/Year of Birth: _____

Month/Year of Birth: _____

Optional

Optional

E-Mail: _____

E-Mail: _____