

# PRE-REGISTRATION



## 8<sup>TH</sup> ANNUAL COMBAT VETS<sup>®</sup> RIDE

# AUGUST 24<sup>TH</sup> 2024

www.CVMA224.com



Benefitting Central Pennsylvania Veterans



Starts @

## THE CRESSON LEGION

222 Ashcroft Avenue, Cresson, PA 16630

**KICKSTANDS UP @ NOON!!!**

QUESTIONS? For more information, go to <https://givebutter.com/W16KGf> or email [CVMA224@gmail.com](mailto:CVMA224@gmail.com)



**MAIL WITH REGISTRATION FEE BEFORE 7/21/24**

RIDE TEE INCLUDED!



(ALL PRE-REGISTRATION FEES ARE NON-REFUNDABLE.)

Motorcycle Driver - **\$20<sup>00</sup>**

Passenger - **\$20<sup>00</sup>**

**Men's Size Tees**

Shirt Size  S  M  L  XL  2XL  3XL

**Men's Size Tees**

Shirt Size  S  M  L  XL  2XL  3XL

**Waiver:** In consideration of my entry in the Combat Veterans Motorcycle Association, PA 22-4's 8<sup>th</sup> Annual Ride, I hereby waive, release and discharge any and all claims for damages, injury and property damage, which I or my successors may have, or which may hereafter occur to me as a result of my participation in this event. This release is intended to discharge in advance, the promoters, sponsors and all municipalities and public entities (and their respective agents and employees) from and against any and all liability arising out of or connected in any way with my participation in the event. I understand the risks involved in participating in such an event. I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned.

**RIDER NAME** (Must be over 18 years or older.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

Passenger Name \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Signature of Passenger \_\_\_\_\_ Date \_\_\_\_\_

(Or parental signature if passenger is under 18 years of age.)

Please **PRINT, COMPLETE, SIGN & MAIL** this form before **JULY 21, 2024**, with a check made payable to CVMA<sup>®</sup> PA 22-4 to:

**CVMA<sup>®</sup> PA 22-4 Annual Ride, Attn: Shawn Benton, 107 Hawthorne Street, Hollidaysburg, PA 16648**