VIRGINIA LEGACY RUN

WELCOME HOME!

SEVENTH ANNUAL VIRGINIA LEGACY RUN REGISTRATION FORM

13-15 June 2024

Pri POC: Randy Gunn, (804) 271-0701 / *randybbgunn@comcast.net*
Registrar: Liz Alley, (804) 683-9067

Date: _____2024

Rider: Last Name _____ First _____

Passenger: Last Name _____First _____

Home Address: _____Vietnam Veteran (circle one) Yes No

City: _____ State: ___ Zip: _____

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

Region with which you will participate (circle one)? **NORTH** **EAST** **WEST**

Vietnam Veteran participating in ceremony or Others registering, but not riding (circle one)? Yes No

E-mail: **(PLEASE PRINT LEGIBLY)** _____

Emergency Contact Name: _____ Phone: (_____) _____

Misc Information: Will you volunteer to assist in the following venues? (PLEASE CIRCLE ANSWER):

(1) ROAD CAPTAIN (2) ASSISTANT ROAD CAPTAIN (3) TAIL GUNNER

About your bike: Make:_____ Model:_____ CC (750 Min)_____

Mail Registrations, Waiver(s), Medical Forms and Ride Fees (*NO CASH*) to:

Virginia Legacy Run
c/o Liz Alley, Registrar
7518 Taw Street,
N. Chesterfield, VA 23237

a. Make Check payable to:
Virginia Legacy Run.
b. Memo line:
2024 VLR Registration
c. All funds / fees /donations are non-refundable.

a. **Rider or Non-Rider ($25 each) =** **$**_____

b. **Passenger ($25 each) =** **$**_____

c. **T-Shirt Total Ordered** ____**@ $20 each =** **$**_____

1. Rider Size: S M L 1X 2X 3X 4X 5X Total _____

2. Passenger Size: S M L 1X 2X 3X 4X 5X Total _____

d. VLR Commemorative Coin ___@ $20 each= $ _____

e. Total Vietnam Veteran appreciation badges

1. 1 Free badge for Vietnam Veterans _____

2. 1-9 Total @ $5 each = $_____

3. 10-25 Total @ $4 each = $ _____

4. 25 or more Contact Randy $ _____

f. Donation Only = $_____

Total Submitted: $_____

Check # _____

)ffice Use Only:
nitial Assignment: N E W
/A War Memorial Ceremony Only: Y N

Pay By (circle one) : Check / Zelle (randybbgunn@comcast.net) ***Date Paid:_____2024***

NOTE: IF NOT RIDING THIS FORM NOT REQUIRED

Participant Accident Waiver/Release of Liability Form (RIDER/DRIVER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the VIRGINIA LEGACY RUN, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: Virginia Legacy Run, the American Legion, the American Legion Department of Virginia, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of Virginia, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by Virginia and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

6. EACH RIDER AND PASSENGER MUST SIGN THEIR OWN SEPARATE AND INDIVIDUAL PARTICIPANT ACCIDENT WAIVER/RELEASE OF LIABILITY FORM BEFORE TAKING PART IN THE EVENT(S). ***THERE CANNOT BE MORE THAN ONE SIGNATURE PER FORM.***

RIDER/DRIVER

NAME: _____ **PHONE#:** _____

(Please Print)

EMERGENCY CONTACT: _____ **PHONE#:** _____

(Please Print)

SIGNATURE: _____ **DATE:** _____ **2024**

NOTE: IF NOT RIDING THIS FORM NOT REQUIRED

Participant Accident Waiver/Release of Liability Form (PASSENGER)

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of riders equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the VIRGINIA LEGACY RUN, hereafter referred to as the "event(s)". I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. The engine displacement of my motorcycle is at least 750 cc, the minimum size allowed for participation.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: Virginia Legacy Run, the American Legion, the American Legion Department of Virginia, its officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, the American Legion Department of Virginia, its officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for any and all costs related to medical response, treatment and transport on my behalf.

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PASSENGER

NAME: _____ **PHONE#:** _____

(Please Print)

EMERGENCY CONTACT: _____ **PHONE#:** _____

(Please Print)

SIGNATURE: _____ **DATE:** _____ **2024**

NOTE: IF NOT RIDING THIS FORM NOT REQUIRED

VIRGINIA LEGACY RUN
JUNE 13-15, 2024

EMERGENCY INFORMATION

RIDER

NAME _____

ADDRESS _____

_____

DOB _____ **SEX M___ F___**

Cell Phone (_____) _____

In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?

Blood Type:_____ _____

_____ _____

_____ _____

PASSENGER

NAME _____

ADDRESS _____

_____

DOB _____ **SEX M___ F___**

Cell Phone (_____) _____

In the event of an emergency, do you have any medical conditions or take any medications that you feel First Responders should be aware of?

Blood Type:_____ _____

_____ _____

_____ _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

RIDER

NAME _____

ADDRESS _____

_____

PHONE (___) _____

PASSENGER

NAME _____

ADDRESS _____

_____

PHONE (___) _____