

2<sup>nd</sup> Annual Jeramy Clark Memorial Bike Ride  
Registration Form

Rider Information

Name \_\_\_\_\_

Address

Street \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Passenger Information

Name \_\_\_\_\_

How did you learn of this event? \_\_\_\_\_

Are you affiliated with any Motorcycle organization? \_\_\_\_\_

Which One(s)? \_\_\_\_\_

By clicking Submit below I agree to hold harmless the organizers, including but not limited to MDA, Jeramy Clark Foundation, Warm Springs Volunteer Fire Department, Extreme Rider, and any other organizing parties, of the Poker Run or the 100 Mile Ride that I will be participating in August 26 2006. I am aware that there is a possibility of injury to my self or a passenger or damage to my Motorcycle when I participate in an event.

**Submit**