

FLORIDA



SHERIFFS ASSOCIATION

Post Office Box 12519 • Tallahassee, Florida 32317-2519
Telephone (850) 877-2165 • FAX (850) 878-8665
Website: www.flsheriffs.org

RELEASE FORM

Name: _____ Phone No.: _____

Agency/Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Second Rider: _____

Model/Make of motorcycle operated at the event: _____

Name of Insurance Company insuring this motorcycle: _____

Policy Number: _____

In consideration of the acceptance of my entry, it is understood that I/we are aware of the risks and exposures of personal injury involved through operation of a motorcycle and hereby release the Florida Sheriffs' Association, Inc., Purdy, Jolly, Giuffreda & Barranco, P.A., and the officers, agents and employees thereof, from all and every claim for damages which may occur to me or my motorcycle at any time hereafter in favor of myself, heirs, representatives or dependents, against said officers, agents and employees, by reason of any injury, loss or damage which may be suffered by me or any operator, rider passenger and I hereby assume and accept the full risk and danger of any hurt, injury, or damage which may occur through or by reason of any matter, thing, condition, negligence or default, by any person or persons whatsoever, in the motorcycle ride, or from the operation of the motorcycle, held, sponsored or under the direction of the Florida Sheriffs' Association, Inc. and Purdy, Jolly, Giuffreda & Barranco, P.A.,

With my signature I certify that I have property damage, personal injury and uninsured motorist insurance coverage to the limits required by Florida law for the operation of the motorcycle entered in this event.

With my signature I agree to hold harmless and indemnify the Florida Sheriffs' Association, Inc., Purdy, Jolly, Giuffreda & Barranco, P.A., and its officers, agents and employees from any civil action arising from a complaint for damages or injury suffered as a result of any act or omission resulting from the operation of the motorcycle entered in this event and from any costs or attorney fees whatsoever arising from or related to said civil action.

Signature: _____ Date: _____