

23rd ANNUAL SOUTHWEST POLICE MOTORCYCLE TRAINING COMPETITION

ENTRY FEE - \$75.00

MAKE CHECKS PAYABLE TO: Kent's Heart and Hope Foundation

OR PAY ONLINE: <https://www.kentsheartandhope.org/spmtc-competition.html>

Please print, sign, and return via email or postal mail.

NAME: _____

HOME ADDRESS: _____ PHONE: _____

CITY, STATE, AND ZIP CODE: _____

WORK ADDRESS: _____ PHONE: _____

CITY, STATE, AND ZIP CODE: _____

DEPARTMENT: _____ E-MAIL: _____

TYPE OF MOTORCYCLE: _____

T-SHIRT SIZE (Circle One): SM MED LG XLG 2XLG 3XLG

EXTRA T-SHIRTS \$15.00 EACH (add an additional \$2 for each 2XL & 3XL)

(Indicate how many by the size)

SM MED LG XLG 2XLG 3XLG

COMPETITOR'S ENTRY FEE INCLUDES 1 TICKET TO THE AWARDS BANQUET

For the purchase of additional banquet tickets please see the Kent's Heart and Hope Foundation website (<https://www.kentsheartandhope.org/spmtc-competition.html>)

WILL YOU BE STAYING AT THE SHERATON HOTEL & SUITES? YES () NO ()

5151 East Grant Rd, Tucson Arizona 85712

APPROXIMATE DATE AND TIME OF ARRIVAL: _____

If not, which hotel or accommodation? _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

**WAIVER AND RELEASE OF LIABILITY FORM
(MUST BE RETURNED WITH ENTRY FORM)**

I HEREBY CERTIFY I UNDERSTAND AND ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE SOUTHWEST POLICE MOTORCYCLE TRAINING COMPETITION (SPMTC), including by way of example and not limitation, property damage, serious physical and emotional injury, and death.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me during my participation this activity, THE FOLLOWING ENTITIES OR PERSONS: Pima County, the Pima County Sheriff's Department, and their officials, officers, employees, and authorized volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Pima County, the Pima County Sheriff's Department, and their officials, officers, employees, and authorized volunteers.

I acknowledge that Pima County, the Pima County Sheriff's Department, and their officials, officers, employees, and authorized volunteers are NOT responsible for the errors, omissions, acts, or failures to act of any other party or entity sponsoring, participating in, or conducting a specific activity in this event

I acknowledge that this activity involves 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 participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name
(Please print legibly)

Participant's Signature

Date

Bio Sheet

Entrant's Name _____

Agency _____

Nick Name _____

Married? _____

Children? _____

Years on Department _____ Years on Police Motorcycle _____

Most embarrassing moment on motorcycle

Other information you might like the public to know: