Hospice of Guernsey, Inc.

7th Annual Legacy Ride

All funds raised benefit patient care and bereavement support

Event Date & Time:	Saturday, August 22, 2026 @ 10:00 AM
Event Starting Location:	Kennonsburg Church, 57599 Kennonsburg Rd., Salesville, OH
Questions???	For more information, please contact Dedra Belcher at 740-432-7440 or Email: **publicrelations@hospiceofguernsey.com**
Entry Fee:	(No Refunds) Pre-registration prior to August 3 guarantees t-shirt.
Cost:	$20 rider, $10 passenger

Waiver:

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in the 7th annual legacy ride, hereby release the annual legacy ride, Hospice of Guernsey, its organizers, members, volunteers, and other participants on the ride from any and all claims and demands, rights, and causes of action of any kind whatsoever which I now have or later may have resulting from, arising out of or in connection with my participation in this ride.

This release extends to any and all claims I have or may have against the released parties whether such claims results from negligence (except willful neglect) on the part of any or all released parties with respect to this event, of with respect to the conditions, qualifications, instructions or procedures in which this event is conducted or from any injuries resulting to my property or myself during or in connection with this event.

I am experienced and familiar with the operation of motorcycles and fully understand the risks and dangers inherent to motorcycling. I am voluntarily participating in the event and expressly agree to assume the entire risk of any accidents or personal injury including death., which I might suffer as a result of my participation in the event whether such risks result from negligence (except willful neglect) on the part of any of the released parties.

The undersigned acknowledges that there will be no alcoholic beverages served at the ride or any destination and any consumption of alcoholic beverages is strongly discouraged. The release parties strongly advise the undersigned not to drink during the event. If at anytime the undersigned is suspected to be the slightest bit impaired, they will prohibited from participating in the event. The undersigned acknowledges the released parties have expressively informed him/her of the dangers of drinking and driving.

By signing this release, I certify that I have read this release and fully understand it and I am not relying on any statement or representation of anyone. I do also claim that I have motorcycle insurance and a valid drivers license with a motorcycle endorsement.

RIDER INFORMATION (Must be 18 years or older):

Rider Name (Must be 18 years or older): _____ Address: _____

City/State/Zip: _____ Telephone: _____ Shirt Size _____

Emergency Contact (other than passenger): _____ Emergency Contact #: _____

Signature of Rider: _____ Date: _____

PASSENGER INFORMATION:

Passenger Name: _____ Shirt Size _____

Emergency Contact(other than rider): _____ Emergency Contact #: _____

Signature of Rider: _____ Date: _____
(or parent signature if passenger is under 18)

Mail the completed registration form, along with check (payable to Hospice of Guernsey) to Hospice of Guernsey;
Attn: Dedra Belcher: P.O. Box 1165, Cambridge, OH 43725