



## Release of Liability

### ***READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS***

In exchange for participation in chapter activities organized by the Traveling Men Chapter of the Widows Sons International Masonic Riders Association (Widows Sons), and/or use of the property, facilities and services of Widows Sons, I agree for myself and (if applicable ) for the members of my family, to the following:

1. I agree to observe and obey all riding rules and further agree to follow any oral instructions or directions given by Widows Sons, Officers and Road Captains, and/or the representatives or agents of Widows Sons.
  
2. I recognize that there are certain inherent risks associated with Motorcycle activities and I assume full responsibility for personal injury to myself and (if applicable) my family members participating in such activities. I further release and discharge Widows Sons for injury, loss or damage arising out of my or my family's participation in Widows Sons activities, whether caused by the fault of myself, my family, Widows Sons or another third party.
  
3. I agree to indemnify and defend Widows Sons against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's participation in Widows Sons activities.
  
4. I agree to pay for all damages to facilities and property owned or rented by Widows Sons caused by me or my family's negligent, reckless, or wilful actions.
  
5. I consent to the participation of my family in all activities associated with Widows Sons and agree on behalf of my family (including minors) to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of any minor accompanying me at club activities.
  
6. In the event of an injury during the above described activities, I give my permission to Widows Sons or to the employees, representatives or agents of Widows Sons to arrange for all necessary emergency medical treatment for which I shall be financially responsible. This temporary authority will remain in effect until terminated in writing by the undersigned. Widows Sons shall have the following powers:
  - a. The power to authorize medical treatment in an emergency situation.
  
7. Any legal or equitable claim that may arise from participation in the above shall be resolved under New Jersey law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT  
BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.**

Dated	
Printed Name	
Signature	
Address	
City, State Zipcode	
Phone Number	
Email Address	

Emergency Contact Information:

Name	
Relationship	
Home Phone	
Cell Phone	