



Veterans Tribute Group Inc.
P.O. Box 2573
Elizabethtown Kentucky 42702

1st Annual Ride For The Wall

REGISTRATION FORM – (PLEASE PRINT LEGIBLY)

1. NAME: _____

2. ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

3. PHONE: _____

4. RIDER _____ PASSENGER: _____

LIABILITY WAIVER

I, the undersigned, understand that I am fully responsible for any and all liabilities caused by or concerning me, during this event. I further agree that I understand that any sponsor of this event shall not be held liable in any event or under any circumstances.

SIGNATURE: _____

(Adult Signature Required for Minor)

DATE: _____

Veterans Tribute Group INC, does not, in any manner, convey any of the information on this form to any group, organization or individual. The information is used for our event only.