



**WINGS Benefit Ride 2010  
Official Entry Form**

*(Each participant whether rider or passenger must complete a registration form and sign the liability waiver. Additional forms can be printed online or completed at the event.)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

**Sign me up for the Benefit Ride e-newsletter!**

*Indicate number on lines provided below:*

- \_\_\_\_ **\$20 per Rider**
- \_\_\_\_ **\$20 per Raffle Ticket** *(Only 2,500 tickets will be sold)\**
- \_\_\_\_ **\$10 "Hot Bike" Contest** *(New this year!)*
- \_\_\_\_ **\$10 Additional Poker Hand**
- \_\_\_\_ **\$10 Blind Hands** *(if you are unable to come you can still participate! \$10 per hand or 6 for \$50)*

**T-Shirt Size** *(Please mark one size per rider):*

Men \_\_\_\_ L \_\_\_\_ X, \_\_\_\_ 2X \_\_\_\_ 3X  
Women \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2X

\_\_\_\_ *I am unable to attend, but please accept my contribution of \$\_\_\_\_\_*

**Check Made Payable to WINGS:** \$ \_\_\_\_\_

**Credit Card:** \$ \_\_\_\_\_

**Type:** \_\_ MasterCard \_\_ Visa \_\_ Amex \_\_ Discover

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVC Code:** \_\_\_\_\_  
(the 3 digit number on the back of your card)

**Signature:** \_\_\_\_\_

**Register On-line @**  
[www.wingsbenefitride.com](http://www.wingsbenefitride.com)  
**Raffle rules and regulations on-line.**

\*By law, raffle ticket stubs may not be mailed. If you wish to pick up your raffle ticket stub prior to the event you can do so at the WINGS office in Schaumburg, Illinois. Ticket stubs will be available to pick up on the day of the event at JD Bootlegger's, if you are unable to pick up prior to the date. Please see [www.wingsprogram.com](http://www.wingsprogram.com) for raffle rules and tax information.

**Please read carefully and sign! Failure to do so may prevent event day participation.**

The undersigned, in consideration of my enrollment in the event and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agrees to irrevocably and unconditionally settle, release, remit, forever discharge, covenant not to sue and defend, indemnify and hold WINGS, its owners, shareholders, predecessors, successors, assigns, subsidiaries, directors, agents, employees, representatives, attorneys, affiliates and all persons acting by, through or in concert with them (including any event organizers and other event workers) harmless from any and all liability, actions, claims and demands of any nature, with respect to any expense, loss, claim, injury, illness or property damage related to this event or my participation therein. I expressly assume the risk of loss, injury or harm that may arise from my participation in this event. Further, I grant full permission to WINGS, its employees and representatives, and all persons acting by, through or in concert with them (including event organizers and other event workers) to record my participation in the event using any media whatsoever. Such recordings shall be the property of WINGS and it may use or distribute all or any part of such recordings and my likeness and may alter or modify the same in any manner, regardless of whether or not I am recognizable, without reimbursement. My agreement herein is binding upon my heirs, assigns and legal representatives.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Name

If the participant named above is under 18, I represent that I am a parent or guardian of such participant and we both will be bound by this agreement.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Parent/Guardian's Name

**Mail completed entry form to:**  
**WINGS**  
**P.O. Box 95615**  
**Palatine, IL 60095**