



## EVENT RELEASE FORM

**Name of EVENT:** Lodge 43 Washington D.C. Memorial Tour & Degree Conferral  
**Date:** Saturday May 3, 2014  
**Location:** Ride Departs from the Lancaster Masonic Center  
 213 West Chestnut St. Lancaster PA

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 a "Ride," (hereinafter, **EVENT** sponsored and/or conducted by The First Masonic District Of Pennsylvania and/or Widows Sons Masonic Riding Association of Pennsylvania, their respective officers, directors, employees and agents (hereinafter, the "**RELEASED PARTIES**") releases and holds harmless the "**RELEASED PARTIES**" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "**RELEASED PARTIES**" in any way resulting from, arising out of, or in connection with the performance of their chapter duties and my participation in any said **EVENT**.

This Release extends to any and all claims I have or later may have against the "**RELEASED PARTIES**" resulting from or arising out of their performance of their duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the "**RELEASED PARTIES**" with respect to the **EVENT** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **EVENT** are conducted or from any other cause. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTION THE EVENT.**

I am experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. I am voluntarily participating in the **EVENT** and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the event, and any negligence (except willful neglect) on the part of any or all of the "**RELEASED PARTIES**" in performing their duties.

### WAIVER OF RIGHTS UNDER STATE STATUES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this release and Indemnification Agreement which provides:

**"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing this release, which if known to him must have materially affected his settlement with the debtor."**

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "**RELEASED PARTIES**."

### THIS IS A RELEASE READ BEFORE SIGNING

	Rider		Passenger
Signature	_____	Signature	_____
Print Name	_____	Print Name	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Date	_____	Date	_____