



(PLEASE PRINT LEGIBLY)

RIDER: _____ # _____

CO-RIDER _____ # _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____

E-MAIL: _____

I/We agree to hold, Franklin County Kiwanis, Kiwanis International, Gold Wing Road Riders Association, and all other sponsors related to this event, harmless in the event of injury, as a result of participation in this event.

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SIGNATURE CO-RIDER: _____

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