



Dennis and Judy Hammond Present

Roads to Recovery

DEBT CONNECTION SYMPOSIUM AND EXPO

September 14 - 16, 2010 Red Rock, Las Vegas

**RIDING THE ROADS TO RECOVERY MOTORCYCLE TOUR
REGISTRATION FORM**

REGISTRATION PRICING	
<input type="checkbox"/> MOTORCYCLE TOUR REGISTRATION (You must be registered for the DCS2010 conference to participate)	\$260
TOTAL:	

**Completion of the Accident Waiver and Release of Liability form is required to participate.
Please make sure to sign page 2 of this document.**

Name: Mr./Ms.: _____

Name for Badge (First/Nick Name): _____

Organization/Company: _____

Title: _____

Street Address: _____ Suite: _____

City/State/Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

In Case of an Emergency Contact Name: _____

Telephone: _____

Email: _____

Relationship: _____

Payment Information: (Full payment must be received with your registration)

- \$ _____ Payment Enclosed
(Make checks payable to Resource Management Services, Inc.)
- \$ _____ Charge Via:
 - VISA MasterCard Discover American Express

Credit card payments may be faxed to
(562) 906-1212

Mail check payments to:
Resource Management Services, Inc.
10440 Pioneer Blvd., Suite 2
Santa Fe Springs, CA 90670

Telephone: (562) 906-1101

Please provide the following credit card information:

Card Number: _____ Exp. Date: _____

Security Code: Visa/Master/Discover: [_____] 3 Digits Back of Card, American Express [_____] 4 Digits Front of Card

Print name as it appears on card: _____

Cardholder's address include postal code: _____

Cancellation Policy: A 50% cancellation fee will be charged if you cancel on or before May 31, 2010. After May 31, 2010 no refunds will be made. Any substitution of staff/attendees will incur a \$50 processing fee.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

**DCS2010 Riding the Roads to Recovery Motorcycle Tour
Tuesday, September 14th, 2010**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Resource Management Services, Inc. (RMS) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that RMS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of RMS.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Signature

Date