



Rose City Oregon 250

Rose City Motorcycle Club (RCMC) believes that motorcycling is a family sport and welcomes children and young adults at RCMC events. For that reason, A NOTARY PUBLIC WILL BE AVAILABLE AT SIGN-IN.

Entrants will receive the Oregon 250 tour pin and/or year bar, official tour instructions and a route card. The check points will not be manned. All entrants are urged to strictly observe all State and Local traffic laws. Unclaimed awards will not be forwarded. In the event of a tie, the earliest entrant wins.

SUGGESTIONS FOR ENJOYING THE TOUR

1. Don't ride alone. Ride in groups of 2-4 motorcycles. Too Large of a group will slow you down at gas stops, rest stops and checkpoints.
2. STAY DRY WITH RAIN GEAR. This is Oregon in April. Dress Warm. You can always take it off, but you can't put it on if you don't have it with you.

Participation Classes are: **3 places** for Riders; **3 places** for Passengers; and **Low Ball**.

Sunday, April 8, 2018 - Sign-in 5:30-8 AM; Start 6-8:30 AM

Mail Entry with Check or Money Order To:
Rose City/Oregon 250, P.O. Box 91339, Portland, OR 97291-1339

A 250-mile motorcycle poker run, with a twist, to benefit the Providence Brain & Spine Institute.

Questions?

Contact John (503) 351-1650 - Char (503) 706-3969
Den (503) 257-9990 - Dale (503) 775-1864
Email: info@rose-city-mc.org.
Web: http://www.rose-city-mc.org.

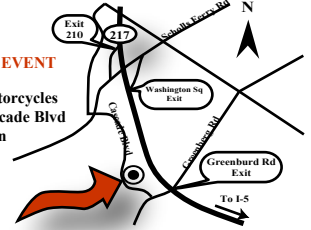
THIS IS NOT A RACE. !

Entry Fee

\$1500 pre-entry per person
(postmarked by 3/31/18)
\$2000 post-entry per person

MAP TO EVENT

Beaverton Motorcycles
10380 SW Cascade Blvd
Tigard, Oregon



Please Copy As Needed

(DETACH HERE)

Oregon 250

\$1500 pre-entry per person (postmarked by 3/31/18)

\$2000 post-entry per person

Please Print

Rider Name: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ AMA#: _____ Email: _____

Motorcycle Make: _____ Year: _____ CC's: _____

Club Association/Affiliation (If Any): _____ Sidecar/Trike(Circle) _____

Passenger Name: _____ Phone: (____) _____

Birthdate: ____/____/____ AMA#: _____ Club Association/Affiliation (If Any): _____

Please Read Carefully Before Signing

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the acceptance of my entry in this event. I do for myself, my heirs, executors, administrators, and assigns, hereby give up, RELEASE, and forever DISCHARGE in advance my rights to sue or make any claim for damages due to negligence or carelessness the American Motorcyclist Association; Rose City Motorcycle Club and its Officers, Directors, members, and agents; other promoters, sponsors, and their employees; and all other organizations and their employees conducting or connected with this Rose City Motorcycle Club event for injury to person or property that I may suffer, including crippling injury or death, while participating in the event and while on event premises.

I AM AWARE THAT MOTORCYCLING CARRIES A SIGNIFICANT RISK OF SERIOUS PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE. I know the risks of danger to myself, my minor child (if present), and my property while participating in the event and while on event premises and, relying upon my own judgement and ability. I ASSUME ALL SUCH RISK OF LOSS and hereby agree to reimburse all costs to, and forever HOLD HARMLESS and INDEMNIFY, all persons and entities identified above, generally and specifically, from any and all liability for death and/or personal injury or property damage resulting in any way from my participation in this event.

Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

If Minor Child Will Be Participating Please Read Carefully Before Signing

PARENTAL/LEGAL GUARDIAN MINOR RELEASE

No entrant under the age of majority (18 years) may participate in the Rose City Oregon 250 without the written, NOTARIZED signature consent of parent and/or legal guardian. Rose City Motorcycle Club (RCMC) shall retain written consent of parent and/or legal guardian.

Under penalty of perjury, I swear, depose, and state that I am the parent and/or legal guardian of the named minor. THIS IS A RELEASE

Parent/Legal Guardian Signature: _____

Subscribed and sworn to by the affiant above, named this _____ day of _____, 2018.

Notary Signature: _____ Date: _____

Notary Public for the State of _____, County of _____

My Commission Expires: _____

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