



**One Part Call to Arms...One Part Call Of The Open Road**  
**Fisher House Wisconsin, Inc Benefit Ride**  
**September 10, 2011**

Photocopies accepted.

**8AM-9:30AM**      Registration/Breakfast @ Zablocki VA Medical Center 5000 W. National Ave  
**10:00AM-12:30PM**      Scenic guided ride through southeastern Wisconsin  
**12:30PM-4:00PM**      Lunch/After Party @ House of Harley-Davidson 62nd and Layton Ave

Rider Last Name \_\_\_\_\_ Rider First Name \_\_\_\_\_

Passenger Last Name \_\_\_\_\_ Passenger First Name \_\_\_\_\_

Primary Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Phone \_\_\_\_\_

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

***Pledge to make a difference!***

**\$40 minimum pledge for a single rider, \$50 with a passenger – Pay for yourself or raise pledges for your registration! (see reverse)**

**PAYMENT METHOD**

CASH       CHECK       CREDIT CARD      VISA      MC      AMEX

Please make checks payable to: The Fisher House Wisconsin, Inc

Please circle one.

Name on card: \_\_\_\_\_

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

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVV Number: \_\_\_\_\_

**PLEDGE INFORMATION**

**\$40 FOR A SINGLE RIDER, \$50 FOR RIDER W/PASSENGER**      AMOUNT: \$ \_\_\_\_\_

**ADDITIONAL CONTRIBUTION**      AMOUNT: \$ \_\_\_\_\_

**TOTAL CONTRIBUTION**      AMOUNT: \$ \_\_\_\_\_

Entry and release of all claims: In consideration of the acceptance of my entry in the Fisher House Benefit Ride on September 10, 2011, I release the Fisher House, House of Harley-Davidson, Inc and any members, officers and directors of any sponsoring or supporting organizations who have directly or indirectly provided counsel, equipment or services to manage this event, the State of Wisconsin, and the respective employees and agents, and any other entities and individuals who are in any way connected with this event (including volunteers assisting with event) from any liability of claims for any injury or illness that I sustain during my participation in this event or that is in any way related to the event, including any representatives, heirs and assigns. I represent that I have adequately trained to participate in this event, recognize the risks of injury accompanying such participation and acknowledge that this event, recognize the risks of injury accompanying such participation and acknowledge that this release is being relied upon by the above persons in permitting me to participate. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures recordings or any other record of this event for any legitimate purpose

Rider Signature \_\_\_\_\_ Date \_\_\_\_\_

Passenger Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant signature necessary. If under 18, signature of legal guardian is required.*

Bring this form to the Fisher House Wisconsin Benefit Ride at House of Harley 6221 W. Layton Ave. – Milwaukee, WI 53220  
 Or mail to: Fisher House Wisconsin 5000 W. National Ave. – Milwaukee, WI 53295. Please do NOT mail cash.