



VFW Post 4149 Presents

**THE VFW POST 4149 – 22 A DAY Walk and Ride  
Benefitting the VFW Post 4149 MG4 and Boot  
Campaign**

Saturday, February 22<sup>nd</sup>, 2020  
VFW Post 4149  
409 Veterans Airpark Ln  
Midland, TX 79705

**Walk registration: 10:00-11:00am**  
**Walk: 11:00am – Noon**  
**Windlands Park – 1000 W. Dengar**

**Motorcycle ride: 12:30pm from VFW**  
**409 Veterans Airpark Ln - Midland**

**COSTS AND REGISTRATION INFORMATION:**

Pre-registration by February 21<sup>st</sup>: \$22.00  
Walk day registration: \$22.00

DETACH THE BOTTOM SECTION OF THIS FORM AND  
**DROP OFF FORM AND PAYMENT AT THE VFW POST 4149 OR BENCHMARK MORTGAGE**  
OR

**SEND THIS FORM WITH A CHECK OR MONEY ORDER MADE PAYABLE TO “VFW POST 4149” AND**  
**MAIL TO:**  
**VFW POST 4149**  
**409 VETERANS AIRPARK LN**  
**MIDLAND, TX 79705**

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VFW POST 4149 – 22 A DAY Walk and Ride REGISTRATION FORM

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

I WOULD LIKE TO RECEIVE INFORMATION ABOUT FUTURE EVENTS AT THE VFW POST 4149 (CIRCLE ONE)  
YES / NO BY: MAIL / EMAIL

In consideration of being permitted to participate in the VFW Post 4149's – 22 A DAY Walk & Ride, I agree to assume all risks inherent in participation, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against VFW Post 4149, and its affiliates, volunteers, officers, any and all sponsors, their representatives, that may arise as a result of my participation, including any and all claims by personal injuries caused by the VFW Post 4149 negligence.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, and any other record of this event for any legitimate purpose, without monetary payment to me.

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**This section to be read and signed by parent/legal guardian if Participant is a minor:**

As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, and causes of action or liabilities which may hereafter accrue against the VFW Post 4149 and its affiliates, agents, volunteers, officers and any and all sponsors, their representatives and successors, by reason of my child's participation in said program, including any and all claims for personal injuries, caused by the VFW Post 4149's negligence. In addition, I accept full responsibility for the care and supervision of my child during the above-described walk and ride.

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_