



POLICE OFFICER ASSISTANCE TRUST SEMIANNUAL COPS RIDE FOR KIDS



**ALL PROCEEDS WILL BENEFIT THE POAT
HOLIDAY GIFTS FOR SURVIVING CHILDREN**

- ✓ **9:00 A.M., SATURDAY, DECEMBER 3, 2011**
- ✓ **MIAMI-DADE POLICE DEPARTMENT HEADQUARTERS**
 - ✓ **9105 NW 25 STREET, DORAL, FL**
 - ✓ **DONATION - \$20**
- ✓ **RECEIVE A COMMEMORATIVE T-SHIRT**
(while supplies last)

Please make checks payable to POAT
DONATIONS ARE ALSO ACCEPTED FROM NON-RIDERS

For **INFORMATION** and **REGISTRATION FORMS**
contact: Lt. Rudy Gonzalez at (305) 471-2312,
r.gonzalez01@mdpd.com

OR

POAT Office at (305) 594-6662
www.POAT.org

RELEASE FORM – READ BEFORE SIGNING

I agree that the sponsor of this motorcycle event, Police Officer Assistance Trust (POAT) and its respective officers, directors, employees and agents (hereinafter, the "Released Parties") shall not be liable or responsible for injury to me or damage to my property during this POAT event resulting from acts or omissions by the "Released Parties", even where the damage or injury is due to negligence. I acknowledge that I am participating in this event voluntarily and that I understand the inherent dangers of participating in such a motorcycle event and assume those risks. I release and hold harmless the "Released Parties" from any injury or loss to my person or property which may result from my participation in this POAT motorcycle event. I understand that I agree not to sue the "Released Parties" for any injury or resulting damage to myself or my property arising from, or in connection with, the performance of the "Released Parties" in the sponsoring, planning or conducting of said event.

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement. By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying upon any statements or representations made by the "Released Parties".

Please mail/interoffice registration forms to:
MDPD Homicide Bureau
c/o Lt. Rudy Gonzalez
9105 NW 25 Street, #2088
Miami, FL 33172

Name: _____ Agency: _____

Signature: _____ Phone #: _____

email address: _____ T-Shirt size : _____