

HOKA HEY



IT'S A GOOD

DAY TO DIE

Motorcycle
CHALLENGE

**APPLICATION
TO PARTICIPATE**

HOKA HEY MOTORCYCLE CHALLENGE™
2022 APPLICATION TO PARTICIPATE
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It is incumbent upon you to ensure you have the skills and are physically and medically capable to participate in this grueling Event before submitting your application package.

Upon submission of this *Application* along with the *Waiver & Release of Liability* and the *Terms & Conditions*; you will become obligated to make all payments as set forth therein. Failure to comply with the *Entry Requirements* or *Legal Specifications*, may result in forfeiture of your deposit, or other legal action.

We reserve the right to refuse acceptance of any application for any reason or no reason, at the Organizer's complete discretion.

Do not sign until you have read each of these documents and understand the terms therein.

Applicant Information:

Name

Birth Date

Occupation

Gender: Male _____ Female _____

Street Address 1

Street Address 2

City:

State/Province

Zip/Postal Code

Telephone

Cell Phone

Email

Driver's License:

State

License Number

Motorcycle Information:

Year, Make and Model

VIN

Registration: State & Plate Number

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Motorcycle Insurance:

Insurance Provider

Policy Number

Do you have Medical Transport and Travel Protection? Yes _____ No _____

Provider

Policy Number

Your emergency contact person must be someone that can make medical decisions on your behalf and it is strongly recommended that your emergency contact have a Medical Power of Attorney for you. The named individual must be made aware that they are your emergency contact person and that they may be called upon during the event. By providing us with the name of your emergency contact person, you are authorizing the Organizer or its agents to contact them and provide information related to you and/or your medical condition. The Organizer reserves the right to contact this agent if situations should arise that necessitate his or her involvement. The Organizer further agrees to keep all information confidential unless otherwise permitted by the emergency contact.

Emergency Contact:
(Medical Agent)

Name

Relationship

Street Address 1

Street Address 2

City:

State

Zip Code

Telephone / Cell Phone #

Email

Are you a returning Hoka Hey Challenger? Yes _____ No _____

If "YES"; what year(s) did you participate? _____

What is your rider number? _____

ADDITIONAL INFORMATION

Provide a little background about your riding experience (i.e., How many years you been riding, trips you've taken, etc.)

How did you hear about the HOKA HEY MOTORCYCLE CHALLENGE™? _____

FUND RAISING

Do you intend to conduct fund raising efforts on behalf of a charitable organization?

Yes _____ No _____

Name of the charity you will be conducting fund raising for: _____

What goal have you set for fund raising effort? \$_____

In order to be considered for participation, all applicants are required to provide the following:

1. Application
2. Release & Waiver (signature page)
3. Terms & Conditions (signature page)
4. Biography and Photograph
5. \$750 Entry fee

Applicant certifies and agrees to the following:

1. I have read the HOKA HEY MOTORCYCLE CHALLENGE™ Terms & Conditions, Waiver & Release and Entry Requirements, and I agree to all of the terms and conditions set forth therein. I understand that these are legal documents that affect my legal rights and that I have the right to consult with an attorney regarding the legal effect of these documents. By my signature below I certify that I have either consulted with an attorney regarding these documents or if I did not consult with an attorney, it was my choice to do so and I have waived any right to consult with an attorney regarding these documents.
2. Should I agree to conduct fund raising efforts on behalf of a charity, I acknowledge that such efforts may be in the form of raffles, special events or pledge drives for miles ridden during the event. I further accept responsibility for amassing pledges, collecting funds on behalf of or ensuring such funds are donated directly to the named charity. I understand that I must not conduct deceptive or discriminatory practices in fundraising efforts as such practices may be punishable by law and will not be tolerated by the Event organizers.

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3. I understand that it may be necessary from time to time that the Organizer of the HOKA HEY MOTORCYCLE CHALLENGE™ may be required to change the Terms and Conditions of the Event, and I agree to follow all future terms and conditions that may be posted by the Organizer on the Event website.
4. I understand that my Event fee is non-refundable except as stated in the HOKA HEY MOTORCYCLE CHALLENGE™ Terms and Conditions.
5. I warrant that I will be eighteen years or older by the start of the 2022 Challenge and that I am under no legal or mental disability that would prevent me entering into this binding agreement.
6. I am willing to provide references for my driving record and/or a DMV Report, if requested.
7. I agree that at all times during the HOKA HEY MOTORCYCLE CHALLENGE™ I will obey all laws and drive in a safe manner.
8. I warrant that I do not have any medical or physical conditions that could prevent me from safely participating in the HOKA HEY MOTORCYCLE CHALLENGE™. I agree to inform the Organizer if my medical condition changes prior to or during the Event.
9. I certify that I am a capable rider with suitable experience to navigate and ride the arduous route provided by the HOKA HEY MOTORCYCLE CHALLENGE™ Organization. I further acknowledge that my participation in the Event means that I will be on remote roads which require a certain amount of technical expertise to negotiate and that I have the skills necessary to perform such maneuvers as may be necessary complete the route.
10. I further and finally agree that, if I am a new rider, I will adhere to any and all “acceptance requirements” as defined in my application and the terms and conditions for the 2022 HOKA HEY MOTORCYCLE CHALLENGE.

Please print, sign and submit this document with your application package.

Agreed to and Accepted:

Name: _____
Signature

Name: _____
Print Name Date: