



2019 HISTORY ROAD RALLY REGISTRATION FORM

Driver's Name (must be 18 years or older) _____

Address _____

City/State/Zip _____

Phone _____ E-Mail _____

Number of people in your vehicle: _____ **Team Number** _____

Names of passengers:

Passenger Name _____ E-mail _____

Passenger Name _____ E-mail _____

Passenger Name _____ E-mail _____

Passenger Name _____ E-mail _____

Pre-Registration Fee ... \$30.00 per team if received by January 19, 2019

Registration Fee \$40.00 per team if received after January 19, 2019

Hold Harmless Indemnity Agreement

By your act of signing this History Road Rally Registration Form, you expressly warrant that:

1. each operator of the vehicle entered in the Road Rally holds a valid driver's license recognized by the state of Texas and is at least 18 years of age;
2. the vehicle entered is legally registered in the state of Texas;
3. the vehicle entered displays a valid state inspection decal; and
4. the vehicle entered is covered by liability insurance of not less than the minimum requirements of the state of Texas and is in force on the day of the event.

By act of signing this registration form, you acknowledge that you are entering this event voluntarily and assuming responsibility for any accidents or damages that may occur.

AS A RESULT OF PARTICIPATION IN THE 2019 MONTGOMERY COUNTY HISTORICAL COMMISSION ROAD RALLY HELD ON SATURDAY, JANUARY 26, 2019, EACH INDIVIDUAL OR ORGANIZATION THAT REGISTERS EXPRESSLY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS MONTGOMERY COUNTY, THE MONTGOMERY COUNTY HISTORICAL COMMISSION, ITS MEMBERS, ITS OFFICERS, AFFILIATED AND NON-AFFILIATED VOLUNTEERS, SPONSORS, PROMOTERS, AFFILIATES, PARENTS, AGENTS, SUCCESSORS, ASSIGNS, INSURERS, UNDERWRITERS AT RISK, AND REINSURERS, (COLLECTIVELY, "THE INDEMNIFIED PARTIES"), FROM AND AGAINST ANY CLAIMS, DEMANDS, LIENS, CAUSES OF ACTION, SUITS OR LIABILITIES, INCLUDING ACTIONS FOR CONTRIBUTION, BROUGHT BY ANY PARTY THAT ARISES FROM THE 2019 HISTORY ROAD RALLY HELD ON SATURDAY, JANUARY 26, 2019, EVEN IF SUCH CAUSE OR CLAIM ARISES, OR COULD HAVE ARISEN AS A RESULT OF THE SOLE OR CONCURRENT NEGLIGENCE, LIABILITY, OR FAULT OF THE INDEMNIFIED PARTIES.

Signature _____

Print Name _____

Date _____

Please make you check payable to MC Historical commission, sign and return this form to
Montgomery County Historical commission,
In care of
Mr. Larry Foerster
414 Philips St
Conroe TX 77301