

alzheimer's association
Midlands Chapter

Vision

A world without Alzheimer's disease.

Mission Statement

To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

www.alz.org/midlands

7TH ANNUAL BENEFIT

Ride to Remember

Registration Fee:
\$25/Person or \$35/Couple

- Registration/Check-in at 9:30 a.m.
- Ride begins from both locations at 10:30 a.m.
- **Dillon Brothers Harley-Davidson**
(3838 No. Cleveland)
and **Ducati Omaha**
(3615 So. 149th Street)
- **Free 2010 Ride T-shirt** (while supply lasts)
- Free lunch at **Mable Rose Estates**
- Free appetizers and live music at **Prestigé Restaurant and Sushi Bar**
(810 So. 169th Street)
from 5:00 – 6:30 pm
- Live Auction & Silent Auction at **Prestigé Restaurant and Sushi Bar**
(810 So. 169th Street)

7TH ANNUAL BENEFIT

alzheimer's association
Midlands Chapter



Register on-line in
MINUTES!

Fast • Safe • Convenient

Try our new on-line
registration option TODAY!!

Go to:
ride2010.kintera.org

Register on-line TODAY
ride2010.kintera.org

7TH ANNUAL BENEFIT
Ride to Remember
A motorcycle ride that benefits
Midlands Chapter programs and services.



alzheimer's association
Midlands Chapter
1941 South 42nd Street, Suite 205
Omaha, NE 68105

RETURN SERVICE REQUESTED

Non-Profit Org.
U.S. Postage
PAID
Omaha, NE
Permit No. 1529

Midlands Ride to Remember



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Midlands Chapter

7TH ANNUAL BENEFIT

Ride to Remember

Saturday, June 5th

7th Annual Benefit

Ride to Remember Registration

Select Route:

- Dillon Brothers (3838 No. Cleveland) Ducati Omaha (3615 So. 149th Street)
- ___ \$25 Person ___ \$25 Person
- ___ \$35 Couple ___ \$35 Couple

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

- MC Visa Amex Discovery Diner's Club

Card #: _____

Expires: _____

Validation Code: _____ (3 or 4 digits on back of card)

Signature: _____

- My company has a matching gift program.

Name/Address of Employer: _____

- I am not able to participate in the Ride but I would like to make a tax-deductible donation of \$ _____.

- Enclosed is my check made out to the:

alzheimer's  association®

Midlands Chapter
1941 So. 42 Street, Suite 205
Omaha, NE 68105

OR
Register on-line TODAY!
ride2010.kintera.org
SAFE • SECURE • FAST

Waiver & Release of Liability:

I certify and acknowledge that:

- I grant full permission for organizers/sponsors of the Ride to Remember (the "Ride") to use photographs of me and quotations from me in promoting the Ride.
- I am in good health, physically fit, and have current and appropriate licensures to own and operate a motorcycle.
- I carry current insurance covering any and all personal injuries, death, property loss, or damage that may arise from my participation in the Ride.
- I will obey all traffic regulations and rules of the road during the Ride.
- I am participating in the Ride with knowledge of all of the risks involved, including the risks inherent in operating a motorcycle, and I hereby voluntarily assume all such risks.

I (for myself, my heirs, next of kin, and executors) hereby release, hold harmless, and indemnify the Ride sponsors, including Alzheimer's Association Midlands Chapter, Dillon Brothers Harley-Davidson, and Ducati Omaha, and each of their parent and affiliate companies, officers, directors, employees, agents, and volunteer/support personnel (hereinafter "Sponsors") from and against any and all claims for personal injury, death, property loss, or damage resulting from my participation in the Ride, whether or not the same are caused, wholly or in part, by the negligence of Sponsors. I covenant not to bring suit against Sponsors, and agree that I will look solely to my first-party insurance for coverage of any damages I claim, and. I agree that this Waiver is intended to be as broad as legally permissible in Nebraska, and that the laws of Nebraska will govern. If, however, any provision of this Waiver is held unenforceable by a court, the other provisions shall remain in full force and effect.

I HAVE READ THE FOREGOING, UNDERSTAND ITS TERMS, AND FREELY AND VOLUNTARILY SIGN THE SAME.

Signature: _____

Passenger

Signature: _____

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1941 South 42nd Street, Suite 205
Omaha, NE 68105
402.502.4301

www.alz.org/midlands

7TH ANNUAL BENEFIT

Ride to Remember

Thank you to our
generous sponsors:

DILLON BROTHERS
HARLEY-DAVIDSON

DUCATIOMAHA 



"A Community of Caring"



Midlands Ride to Remember



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