



Help Put an End to Alzheimer's.

Maude Cobb Center, 100 Grand Blvd., Longview, TX

Vehicle Registration Form

Contact Information (Please Print Clearly)

Name: _____

Car Club (if attending with a car club): _____

Mailing Address: _____

City / State / ZIP: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____

Registration Information

Car / Truck (\$20) Motorcycle (\$20)

(Registrations on the day of show will not be accepted. Please register ahead of time to secure your space!)

Terms & Conditions

On behalf of the entire group participating in the Drive To Remember, I assume all risk of bodily injury, property damage, and personal damage that may occur by participating in the Drive To Remember and, for myself/ourselves, their heirs, executors, and administrators, do hereby forever waive and release any and all claims against and agree to hold harmless the Drive To Remember, its committee, sponsors and volunteers, and the City of Longview with their respective officers, employees, agents, representatives, volunteers, successors or assigns any kind from any and all claims which may be made for any cause whatsoever arising as a result of participation. Further, I hereby consent to allow my picture or likeness to appear in any official document, news release, sponsor advertisement and/or television and radio coverage of the events within or as part of the Drive To Remember, and grant permission to use and/or publish photographic portraits, or pictures, video tape or film of me in which I may be included in whole, part, composite or reproductions thereof in black and white and/or color or otherwise made through any media now known, for art, advertising trade or any other similar lawful purposes whatsoever, including the publicity and promotion of this event itself, excluding commercial use of or by marketing sponsors. I understand and agree that I may not leave with my vehicle before the close of the show.

I agree to the Drive To Remember Terms & Conditions as stated above.

Printed Name: _____ Signature: _____

Enclosed is Check No.: _____ Check Amount: \$ _____ Date: _____

*Please make all checks payable to "Drive To Remember".
Mail to: PO Box 5924 Longview Tx 75608*