

Survivors Of Suicide Loss

San Diego



# 11th Annual Ride for Life

**Saturday, May 30th**

**9:00 am - 3:00 pm**

**@ San Diego Harley**

**4645 Morena Blvd, San Diego, CA 92117**

**Motorcycle Ride, Classic Car & Motorcycle Show, Live Band, Food, Silent Auction & MORE!**

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**Ride For Life**

**Registration Fee**  
**\$35.00**

*All Registrations include one (1) lunch ticket*



**All proceeds benefit SOSL and all funds stay in San Diego!**

Survivors of Suicide Loss (SOSL) reaches out to and supports people who have lost a loved one to suicide. SOSL additionally focuses its efforts on promoting suicide awareness and prevention.

**Register here or use the form on the back**

**For more information:**  
**[Lauren@soslsd.org](mailto:Lauren@soslsd.org)**

# Registration Form

Motorcycle Ride begins at 10:00 a.m.

Car Show begins at 10:30 a.m. and ends at 3 p.m.

Car show entries can start arriving at 10:00 a.m.

Judging from 12:30 to 2:00 Awards at 2:00 p.m.

Car show spectator parking will be in designated areas during event!

**Registration fee is \$35 per rider or car. \$20 for passengers.**

Vehicle registrations may be submitted or mailed in advance.

A separate entry form must be submitted for each vehicle entered.

Participant's Information (Please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am a Rider  I am a Passenger  I am a Car/Bike Show Participant

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

## SOSL Ride for Life ~ Waiver and Release of Liability

I understand that I am voluntarily participating in the Ride for Life at my own risk and my own request. I hereby waive all claims against Survivors of Suicide Loss and any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture and voice in any broadcast, telecast, print account, or any account in any medium used in connection with this event or future events for the above mentioned non-profit organization.

X \_\_\_\_\_ Date \_\_\_\_\_

**Registration Fee:**

**\$35.00**

**Make Check payable to Survivors of Suicide Loss (SOSL)**

**P.O. Box 3297 La Mesa, Ca. 91944-3297**