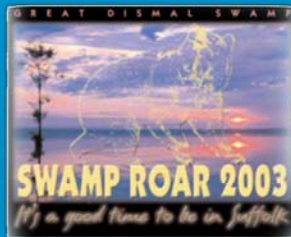
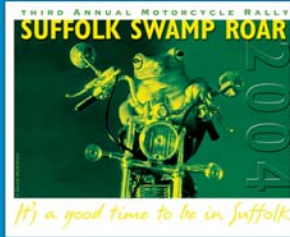




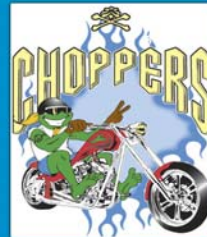
2002



2003



2004



2005



2006



2007



2008



2009



2010



10TH ANNUAL SUFFOLK 10/9/11 SWAMP ROAR MOTORCYCLE RALLY

Biker registration begins at 9:00 a.m. at the Suffolk Executive Airport on Highway 13, just south of downtown Suffolk. Send-off begins at 10:30 a.m. Rain or shine. Event t-shirt, door prizes and post-ride reception at Suffolk Peanut Fest.

\$20 donation per participant includes event t-shirt and reception. Please make checks payable to: Treasurer, City of Suffolk, sign and date consent waiver and mail to Suffolk Visitor Center, 524 North Main Street, Suffolk, VA 23434. *Swamp Roar proceeds benefit nature-based tourism, interpretative and educational programs and habitat restoration within the Great Dismal Swamp National Wildlife Refuge.*

Driver Name (Please print clearly) _____ S M L XL 2X 3X 4X 5X Please Circle T-Shirt Size

Passenger Name _____ S M L XL 2X 3X 4X 5X Please Circle T-Shirt Size

Address _____ City, State, Zip _____

Daytime Phone _____ E-mail Address _____

CONSENT TO THE USE OF PHOTOGRAPHS:
I understand that photographs may be taken of me and/or my child at the Swamp Roar for publication in materials used to promote the City of Suffolk.

WAIVER FOR PARTICIPATION: I hereby agree to participate in the Swamp Roar sponsored by the City of Suffolk upon the understanding and condition that I agree to abide by the rules, policies, and procedures of the City. I will not hold the City of Suffolk, its staff, employees, representatives or agents responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation including liabilities, expenses, or judgments, attorney's fees or court costs, except claims caused by the gross negligence or willful misconduct of the City of Suffolk. In the event of injury, I give permission to have myself or my child transported to the nearest medical facility and have appropriate care administered.

Driver Signature _____ Date _____

Passenger Signature _____ Date _____
(Parent or guardian if passenger is under 18 years of age)

