



American Legion Riders
Chapter 347
Lady Lake, Florida
Please PRINT legibly



LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ TELEPHONE _____

Member of _____ American Legion _____ Auxiliary _____ SAL _____ Membership # _____

About your Bike: Complete if you will be riding a motorcycle with ALR. Do not complete if you are a passenger.

Make/Year _____ Model _____ Displacement _____

Place a check mark next to appropriate statement below. Draw a large X through the statement which does NOT apply to you.

____ I, the undersigned, certify that the motorcycle listed above is registered in my name and in accordance with state, city and or local licensing and registration requirements. I further certify that I carry property & liability insurance for myself, my passenger and my motorcycle which at least means the minimum state insurance requirement. I certify that I carry a valid driver's license with Motorcycle Endorsement in accordance with State, City or Local requirements. If my status or bike changes, I will: submit a new completed ALR membership Application Form.

____ I am joining as a SUPPORT member only.

____ I am joining as a passenger of the above Member/Rider. I will not be operating a motorcycle as an ALR member. I may be participating in ALR events as a passenger. If my status changes, I will submit a new completed ALR Membership Application Form. **Rider Name:** _____

Member Signature _____ Date: _____

NEW _____ RENEW _____ AMOUNT RECEIVED _____ CASH _____ CHECK# _____

(To Be renewed Annually in December)

Adjutant _____ Riders Membership Secretary _____

Copies of: Current American Legion Membership Cards (or AUX, SAL). Signed Waiver, Driver's License w/Endorsement and current Motorcycle Insurance.



Participant Accident Waiver/Release of Liability Form

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of rider's equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the event(s). I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for, during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. On Department of Florida or National motorcycle events, a minimum of 750cc will be required to participate.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s), THE FOLLOWING ENTITIES OR PERSONS: The American Legion, officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and /or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illnesses during the event(s). I agree to pay for all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by Florida and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

NAME: _____ PHONE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

EMAIL: _____ CHAPTER#: _____

SIGNATURE: _____ DATE: _____

American Legion Riders

Chapter# 347

Address: P.O. BOX 1534

LADY LAKE, FL 32158

Road Captain/Safety Officer INTIALS _____