

## The American Legion Riders Chapter # \_\_\_\_\_

About you: Last Name:	First Name:	
Nickname/Rider Name:		
Home Address:	Apt:	
City:	State:Zi	ip:
Home Phone: ()	Cell Phone: ()	
Wife/Husband:		
Birth Date:/ e-mail	address:	11X
Check one Member of: • Legic		
Emergency Contact Name: This is who we want the section of you want the secti		
	Model:	
motorcycle which meets at least the minimum license with either a cycle endorsement or a v	o put a large "X" through the "About your bike" section.	I in accordance with state, city, and/or local insurance for myself, my passengers, and my nts. I also certify that I carry a valid driver's it in accordance with state, city, and/or local
• "I am joining as a passenger of the following operating a motorcycle as an American Legie status changes, I will request, complete and s	on Rider, but may be participating in American	
Signed:	All members must signify their understanding and	Date:
"I, the undersigned, agree that the American l		
American Legion Riders' or simply as 'Riders' myself during any Riders activities, even where	), shall not be liable or responsible for damag	e to property or injury to persons including

myself during any Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all Riders members and their guests participate voluntarily, and at their own risk in all Riders activities. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the Riders and/or their activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with and Riders activities."

## Signed: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

All members must signify their understanding of and agreement with the above by signing and dating here.

Form ALR|MIF20040615

ALR Membership Number: \_\_\_\_\_

To be renewed annually and kept on file.