



Black Hills Chapter American Legion Riders

American Legion Post 164

PO Box 583 Spearfish, SD 57783

Application for Membership / Member Information Form

About You: Complete this section in its entirety.

Please PRINT clearly

Dues \$ 20.00

Last Name: _____ **First Name:** _____

Nickname / Rider Name: _____ **Date of Birth:** ____ / ____ / ____

Home Address: _____ **Apt:** _____

City: _____ **State:** _____ **Postal Code:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Email Address: _____

Emergency Contact Name: _____ **Phone:** (____) _____

Member of: Legion SAL Auxiliary **at Post #:** _____ **Member #:** _____

About your bike: Complete this section if you will be riding a motorcycle with the ALR. Write 'N/A' in **Make**: if you are the passenger.

Make _____ **Model** _____ **Displacement** _____

About the lawyers : Accident Waiver / Registration, Licensing & Insurance Statement

Within this document the reference to American Legion Riders – Black Hills Chapter may also be referred to as ALR-Black Hills, ALR or Riders.

I, the undersigned, certify I am at least 18 years old and that the motorcycle listed above is registered in my name and in accordance with state, city, and/or local licensing and registration requirements. 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 statement will be used by the American Legion Riders-Black Hills Chapter, event holders, sponsors and organizers of the event(s), in which I may participate and that it will govern my actions and responsibilities at said events. I certify that I am not under the influence of any narcotic, alcohol or drugs while participating in ALR-Black Hills Chapter events.

I certify that I have and will maintain 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 to the point of my entry into the Ride, the Ride, the period between the end of the Ride and my return to my final destination. 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 driver's license has all motorcycle endorsements or certificates required by my state of residence. If my status changes, I will request, complete, and submit a new Membership Application/Information Form.

Release of Liability Statement

In consideration of my being permitted to participate in ALR 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 or during my traveling to and from event(s), THE FOLLOWING ENTITIES OR PERSONS: The American Legion Post 164, American Legion Riders-Black Hills Chapter, officers, directors, ride organizers, sponsors, representatives, agents, 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 event(s). I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise. This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By my Signature, I certify/attest that I have read the above Accident Waiver / Registration, Licensing & Insurance Statement and Release of Liability Statement and fully agree to its contents. Initial the appropriate box, print your name and sign and date the appropriate line.

| | | | | |
|---------------|-----------------------------------|---------------------|------------------|-------------|
| Rider: | <input type="checkbox"/> Initials | _____ | _____ | _____ |
| | | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |

| | | | | |
|-------------------|---|---------------------|------------------|-------------|
| Passenger: | <input checked="" type="checkbox"/> "I am joining as a passenger of the following Rider: _____ I will not be operating a motorcycle as an ALR Black Hills Chapter Rider, but may be participating in ALR Black Hills Chapter events as a passenger or volunteer. By my signature I hereby fully agree to the above <u>Release of Liability Statement</u> . If my status changes, I will request, complete, and submit a new Member Information Form." | _____ | _____ | _____ |
| | <input type="checkbox"/> Initials | _____ | _____ | _____ |
| | | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |