



**Application / Liability Waiver
American Legion Riders
District 9
Contra Costa County, California**

PLEASE PRINT

Last Name _____ First Name _____

Road Name _____ DOB _____ (Are you the) Rider _____ Passenger _____

Address: _____

City _____ State _____ ZIP _____

Phone # Home () _____ Cell # () _____

Email _____

District # _____ Post # _____ Member # _____ Veteran __ Auxiliary __ SAL__

Bike Info: Make _____ Model _____ CC _____ License # _____

Emergency Contact _____ Phone() _____

RELEASE OF LIABILITY / MEMBER AGREEMENT – READ CAREFULLY BEFORE SIGNING

I certify that I am legally licensed to ride the motorcycle described above and that it has current registration and is properly insured; or that I am the spouse or registered domestic partner of a qualified member of the American Legion Riders District 9, who is the licensed and registered owner of the motorcycle listed above and that it is properly insured. I agree that American Legion Post 161 and/or American Legion Riders District 9 shall not be responsible for damage to property or the any injury to any person, including myself, during any American Legion Riders activities, even where the damage or injury is caused by negligence (except the willful neglect of an officer of the American Legion Riders District 9). I understand and agree that all American Legion Riders members and their guests participate voluntarily, at their own risk and expense in all American Legion Riders activities. I release and hold harmless the American Legion Riders District 9 officers, the Department of California American Legion Riders, and the American Legion Post 161 for any injury or loss to my person or property which may result from my participation in any and all American Legion Riders activities. I understand that this means that I agree not to sue the American Legion Riders District 9 or Post 161 officers, Department of California American Legion Riders, or the American Legion for any injury resulting to myself or my property in connection with any American Legion Riders activities.

I agree that the patch is the property of American Legion Riders District 9, and must be returned to the American Legion Riders District 9 in good condition upon my resignation, suspension, or termination of membership in the American Legion Riders District 9, the American Legion, American Legion Auxiliary, or the Sons of the American Legion. I also understand that the Initiation fee of \$100.00 includes the first-year dues of \$35.00, none of which is refundable.

I agree to abide by the By-laws of the American Legion Riders District 9, the Constitution and Bylaws, rules and regulations of the American Legion Riders Department of California; and the Department in which I hold membership, and any lawful orders or directions of the officers of the American Legion Riders District 9, given to me in the performance of their official duties.

Member Signature: _____ **Date** _____

Photo Release Signature: _____ **Date** _____

Membership Officer Signature: _____ **Date** _____

NEW _____ former Chapter/District _____ Called former Chapter/District on _____ RENEWAL _____

Legion/AUX/SAL Card/Receipt _____ Application/Liability Waiver _____

CA Driver's License/M1 Endorsed exp _____ Permit _____ Permit Expiration Date _____

Registration exp _____ Insurance Card exp _____ Amount Paid \$ _____ Cash/Check # _____

Notes _____