

Gold Star Post 191 American Legion Riders

20 Annual Membership/Waiver Form

You <u>must</u> complete and return this form annually to retain your Post 191 ALR Membership

You <u>must</u> attend <u>two</u> events per calendar year. Events include rides, meetings, and volunteering. Holiday and birthday parties are excluded and <u>do not</u> count towards requirement. Extenuating circumstances will be reviewed by the Riders Director on a case-by-case basis. Members joining after the current year's June meeting may have this requirement waived to the following year.

About you: Complete this section in its entirety.

Last Name:	First Name:	
Preferred Name/Nickname:		
Home Address:		Apt:
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()
1 ST Emergency Contact Name:	Phone: ()
2 ND Emergency Contact Name:	Phone: (nembers are involved in an incide) nt or 1 st contact cannot be reached**
About your membership: Are your dues paid up to date?	Yes No	
Please indicate membership: Legion Auxiliary _	SAL	
Participating as (check one):ALR MemberNon-section)	-Member (if non-member, skip to	2 nd paragraph in the 'about the lawyers'
Do you currently own a motorcycle with an engine displacer	nent of 350cc or larger? Yes	No
If No, please state the reason: (health/physical, age, etc.)		
Email Address	Spouse/Partner Email	
About your bike: Complete this section if you will be the li	icensed driver/rider. Enter N/A is	you will be a passenger.
Make:Model:	Di	splacement:
About the lawyers: Check the appropriate statement below date BOTH sections.	and draw a large "X" through the	e statement that does not apply to you. Sign and
"I, the undersigned, certify that the motorcycle listed ab registration requirements. I further certify that I carry prop meets at least the minimum state, city, and/or local insurance endorsement or a valid Motorcyclist Temporary Instruction I the legal right to utilize the listed motorcycle. I accept full may be participating as my guest or passenger. I realize that Star Post 191 rides and events."	erty and liability insurance for m e requirements. I also certify that Permit in accordance with state, c responsibility for my safety and	yself, my passengers, and the motorcycle which I carry a valid driver's license with either a cycle ity, and/or local laws. I further certify that I have conduct, and the safety and conduct of any who
"I am participating as a passenger of the following n their compliance with requirements of any and all ALR Gol on any ride, I understand and agree that I will fill out the req	d Star Post 191 rides and events.	In the event that I elect to operate a motorcycle
Signed:	Date:	
Signed: All participants must signify their understanding an	nd certification of the relative sec	tion above by signing and dating here.
"I, the undersigned, agree that the American Legion and th ALR" or simply as "Riders"), shall not be liable or responsit even where the damage or injury is caused by negligence (events is voluntarily and at my own risk. I release and hold t person or property that may result through my participation.	ble for damage to property or inju except willful neglect). I unders the Riders' officers and the Amer	ry to persons including myself during any event, tand and agree that participation in all rides and ican Legion harmless for any injury or loss to my

Signed:

Date:

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

local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with any ride or event."

This form supersedes all forms prior to 11/15/2023.