



# American Legion Riders Post 320

## Hopkins, Minnesota 55343

### Rider Membership Application

**About You:** Complete this section in its entirety.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Wife/Husband Name: \_\_\_\_\_

Check one

Member of: \_\_\_ Legion \_\_\_ SAL \_\_\_ Aux Post # \_\_\_\_\_ Member #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**About your bike:** Complete this section if you will be riding a motorcycle with the ALR. Cross it out if you will be a passenger

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement/CC: \_\_\_\_\_

**Check the box alongside the appropriate statement below and sign and date BOTH sections.**

\_\_\_ "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 and liability insurance for myself, my passengers, and my motorcycle which meets at least the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license with either a cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city, and/or local laws. If my status changes, I will request, complete, and submit a new Member Information Form."

\_\_\_ "I am joining as a Passenger of the following Rider: \_\_\_\_\_ I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Member Information Form."

\_\_\_ "I am joining as a Supporter under the following Rider Sponsor: \_\_\_\_\_ I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a supporter. If my status changes, I will request, complete, and submit a new Member Information Form."

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(All members must signify their understanding and certification of the relative section above by signing and dating here.)

"I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as 'The American Legion Riders' or simply as 'ALR'), shall not be liable or responsible for damage to property or injury to persons including myself during any ALR activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all ALR members and their guests participate voluntarily, and at their own risk in all ALR activities. I release and hold the ALR Officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the ALR and/or their activities. I understand that this means that I agree not to sue the ALR officers, whether local, state, or national, nor the American Legion for any injury resulting to myself or my property in connection with ALR activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Approved By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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