

FAITHFUL RIDERS MOTORCYCLE MINISTRY

Membership Application & Liability Waiver

Membership Application

Name: _____ Home phone: _____

Address: _____ Cell phone: _____

Email address: _____

Spouse: _____ DOB: _____ Cell phone: _____

(If applicable)

Email address: _____ -

Emergency contact / ICE: _____

(Name – other than spouse) (Phone number)

Are you a born again Christian: () Yes () No **Spouse:** () Yes () No

Do you and/or your spouse faithfully attend and financially support a local church?
Yes / No

Church affiliation: _____ Pastor: _____

Church phone: _____ Church email /URL: _____

License / Registration information

Drivers license #/State: _____ Motorcycle Info:

(make/model/color)

Please include a copy of your current drivers license, registration and proof of insurance with this application.

WAIVER OF LIABILITY, INDEMNITY, & MEMBERSHIP AGREEMENT

I, the undersigned, have read and agree to abide by the FAITHFUL RIDERS MM BY-LAWS and accept its Board of Directors as its governing body.

I hereby assume all risks and dangers that may be involved in any /all of Faithful Riders MM sponsored activities in which I choose to participate. I FULLY UNDERSTAND AND ACKNOWLEDGE THAT MOTORCYCLE RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND I AM AWARE OF THE RISKS TO LIFE, LIMB OR PROPERTY FROM MY VEHICLE, FROM OTHER VEHICLES, ROAD DEFECTS AND/OR OBSTRUCTIONS, WEATHER CONDITIONS OR OTHER FACTORS.

I HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, IN PERPETUITY, THE FAITHFUL RIDERS MM AND ITS OFFICERS, DIRECTORS, AGENTS, ASSIGNEES AND SUCCESSORS from and against any and all actions, claims, suits, demands, damages, losses and expenses which may accrue as a result of or in connection with any known or unknown injury, damage, cost, loss or expense which I may incur while I am engaged in, or participating in, any such activities, and solely rely upon my own judgments and riding abilities.

I further agree to ensure, on behalf of the Faithful Riders MM, that myself and any of my guest(s) are qualified and responsible to attend or participate in a FRMM event.

I acknowledge and agree that I am responsible to provide adequate insurance coverage on my motorcycle or any other vehicle I use, operate or am responsible for while participating in any activity of the Faithful Riders MM to cover liability in case of accident, injury or death.

My signature below represents that I understand fully the provisions of this RELEASE, that I rely solely on my own judgment in executing this form, that I have had the opportunity to consult with anyone or legal counsel of my choice before doing so, and that I freely consent without coercion or duress to each of the provisions herein.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness:

Print Name and Address