

Post 8760 VFW Riders Beaufort SC

Member Information Form/Insurance/License/Release of liability

About You: Complete this section in its entirety.

Last Name: _____ First Name: _____ MI: _____

Preferred Name/Nickname: _____

Home Address: _____ Apt: _____

City: _____ ST: NE Zip: _____

Home Phone: _____ Cell Phone: _____

Spouse: _____ Applicant's Birth Date (mm/dd/yyyy): ____/____/____

Member of: VFW Auxiliary Post # _____ Member #: _____

Primary Email: _____ Secondary Email: _____

This is who we would contact
should something happen to you.

Emergency Contact Name: _____ Phone: () _____

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

Make: _____ Model: _____ Displacement: _____ CC

THIS IS A RELEASE. PLEASE READ BEFORE SIGNING!

I agree that the VFW and VFW Riders Motorcycle Association are not liable or responsible for damage to property or injury to any person, including myself, during any VFW or VFW Riders activities, even when the damage or injury is caused by negligence.

I understand and agree that all VFW Riders members and their guests participate voluntarily and at their own risk in all activities of the VFW and VFW Riders.

I release and hold harmless the VFW Riders, the VFW officers or the VFW for any injury or loss to my person or property, which may result there from. I understand this to mean that I agree not to sue the VFW Riders, the VFW Riders officers or VFW or VFW Riders.

I further agree that I am responsible for providing adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the VFW or VFW Riders to cover liability in case of accident or injury. I further agree that I have a valid state drivers license to operate a motorcycle.

The above agreements and representations are entered into freely and without coercion or under duress.

This agreement may not be modified orally and may not be waived in any respect.

Signature: _____

Date: _____