

# EASTERN DEAF BIKERS

## Member Dues

\_\_\_\_\_ New \_\_\_\_\_ Renewal

Individual Membership Enrollment and Release Form  
Due: \$15 per year (\$25.00 per couple) from April 1 to March 31

Mail this form (REQUIRED) along with your personal check:

Scott Connatser, 5247 Pumphrey Drive, Fairfax, VA 22032

Email address: [edb4treasurer@gmail.com](mailto:edb4treasurer@gmail.com) (You may use Zelle# below)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Name \_\_\_\_\_ Spouse Name\_ (optional) \_\_\_\_\_  
First Initial Last

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ VP or Voice \_\_\_\_\_

E-mail address \_\_\_\_\_ SMS Text Number \_\_\_\_\_

( ) Yes, you have my permission to add my personal email address that will be posted on the public website,

You will receive a receipt of your paid membership.

### WAIVER & RELEASE OF LIABILITY

I hereby expressly acknowledge that operating and/or being a passenger upon a motorcycle inherently involves the risk of injury and/or death, as does participation in any event that in any way relates to motorcycling. By signing my signature below I affirm my understanding of this. I accept and assume the risk of injury and/or death, be it as a result of my negligence or recklessness or through the negligence, recklessness or intentional acts of another. I further forever release Eastern Deaf Bikers (EDB) and their respective officers, directors, members, sponsors and/or agents (hereinafter, the ("RELEASED PARTIES"), from any liability for any injuries sustained by me or my property as a result of or in any way connected to my participation in any event, ride or other activity that is in any way sponsored by or connected to EDB. I further release and discharge any claims that my heirs, assigns or agents may have against the Released Parties from any liability for any injuries sustained as a result of or in any way connected to my participation in any event, ride or other activity that is in any way sponsored by or connected to EDB. Finally, I agree to hold harmless and indemnify the Released Parties for any damages and/ or claims made against them by my passenger, heirs, assigns or agents.

I UNDERSTAND THAT I AM FREE TO CONSULT AN ATTORNEY PRIOR TO SIGNING THIS WAIVER & RELEASE FROM LIABILITY. I FULLY UNDERSTAND ITS CONTENTS AND AM SIGNING BY MY OWN FREE WILL WITHOUT ANY PROMISES MADE TO ME BY ANY PARTY. IN CONSIDERATION FOR MY SIGNATURE AND ACKNOLEDEGEMENT I AM BEING PERMITTED TO APPLY FOR MEMBERSHIP IN EDB.

MEMBER SIGNATURE \_\_\_\_\_ Check \_\_\_ Cash \_\_\_ Zelle \_\_\_  
#7573381859

SPOUSE SIGNATURE \_\_\_\_\_

You will be charged additional 35 dollars bank fee for bounced check payable immediately.  
No refund of any membership cancellation.

For EDB Offical Only: Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ via U.S. Mail ( ) or at \_\_\_\_\_ ( Location)  
( ) Cash or ( ) Check # \_\_\_\_\_ and Bank # \_\_\_\_\_ or ( ) M.O. # \_\_\_\_\_  
Check Deposited Date \_\_\_\_\_ Yes, this check is cleared ( )