

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:

John Haynes, 28 Trillium Lane West, Henrietta, NY 14586

Email address: EDBtreasurer2025@gmail.com (You may use Zelle# below)

Date ____/____/____

Member Name _____ Spouse Name_ (optional) _____
First Initial Last

NO Need to change here____ Please make correction____

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 #585-943-2978
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 ()