EASTERN DEAF BIKERS

New Member

Individual Membership Enrollment and Release Form

Due: $15 per year($25.00 per couple) from April 1 to March 31

Mail this form along with your personal check or money order made payable to:

Eastern Deaf Bikers

Paul Haring

2615 Bainbridge Lane, Silver Spring, MD 20906

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

Member Name Nickname \_(optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Initial Last

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

( ) Check here to receive your renewal notice via E-mail.

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

( ) Yes, you have my permission to add my personal email address on Member Forum site (with password).

( ) Yes, I have a motorcycle license. ( ) Yes, I own a motorcycle. ( ) I plan to get a motorcycle.

How did you hear about EDB? ( ) Web ( ) From friends ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will receive a receipt of your paid membership and a membership card in the mail.

# WAIVER & RELASE 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 included: \_\_\_ Yes Cash\_\_\_ Yes

You will be charged additional 35 dollars bank fee for bounced check payable immediately.

No refund of any membership cancellation.

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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 ( )