

EASTERN DEAF BIKERS
New Member

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

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

Eastern Deaf Bikers
Marie Campbell
138 Forests Edge Place, Laurel, MD 20724

Date ____ / ____ / ____

Member Name _____ Nickname (optional) _____

First Initial Last

Address _____

Home Phone _____ TTY or Voice _____

E-mail address _____ Pager address (optional) _____

- () 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.

THIS IS A RELEASE, READ BEFORE SIGNING

I agree that the Eastern Deaf Bikers (EDB) and their respective officers, directors, members and agents (hereinafter, the "RELEASED PARTIES") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any EDB activities and resulting from acts or omissions occurring during the performance of the duties of the Released parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all EDB members and their guests participate voluntarily and at their own risk in all EDB activities and I assume all risks of injury and damages arising out of the conducts of such activities. I release and hold the "RELEASED PARTIES" harmless from any injury or loss to my person or property which may result from my participation in EDB activities and EVENT(S). I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF EDB'S DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute, which would negate or limit the scope of Release and Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Code, which provides:
"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor."
By signing the Release, I certify that I have read this release and fully understand it and that I am not relying on any statements or representations made by the "RELEASED PARTIES".

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.

For EDB Official 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 ()