Veterans of Foreign Wars of the United States MOTORCYCLE RIDERS GROUPS (VFWRG)

MEMBERSHIP (PARTICIPANT) APPLICATION AND RELEASE FORM

PREREQUISITE

You must be the legally registered owner of a street-legal motorcycle (500CC minimum) and must possess a valid motorcycle driver's license in your state of residence, and maintain proper levels of insurance; or passenger thereto; or non-riding persons volunteering on behalf of the group in an active supporting role.

You must be a member in good standing of the Veterans of Foreign Wars (VFW), VFW Auxiliary, or an invited participant.

RIDERS GROUP INFORMATION					
□ POST Ø DISTRICT □ DEPARTMENT		VFW Riders Group NY District 11			
APPLICATION TYPE SELECT ONLY ONE □ RIDER (OPERATOR) □ PASSENGE	_	VF	W RIDERS GROUP N ER	NAME	
PERSONAL INFORMATION					
NAME (PLEASE PRINT)		STREET ADDRESS			
PHONE	<u></u>	CITY	. ;	STATE	ZIP CODE
EMAIL ADDRESS		DATE OF BIRTH			
☐ VFW or VFW AUXILIARY MEMBER ME	EMBERSHIP #		POST/AUX	ILIARY No	
☐ LIFE MEMBER ☐ ANNU	JAL MEMBER	EXPIRATION:			
☐ INVITED PARTICIPANT					
SPONSOR (VFW or A	AUXILIARY MEMBE	ER) M	MEMBERSHIP #	POST/AU	JXILIARY No.
I further agree to waive all benefits flowing from an By signing this Release, I certify that I have read this made by the "RELEASED PARTIES".	of the United State of the	ates, the VFW Auxilian Veterans of Foreign Was iable or responsible for and resulting from acts aroused by negligence (except own risk in all VFW and hold the "RELEASE d/or VFWRG activities" ON AGAINST THE "SING FROM, OR IN OR CONDUCTING SAUNDER STATE ST at would negate or limit	ry, and the Veterars, and their respectance, and their respectance or omissions occurs of the veteral respectation	rans of Foreign Wa ective officers, directive officers, directive officers, directive of the paralysis of curring during the peect). I understand a critical and I assume armless for any inj. I UNDERSTANI ARTIES" FOR AN WITH THE PERF	ctors, employees, death) or damage erformance of the and agree that all all risks of injury ury or loss to my D THIS MEANS NY INJURY OR FORMANCE OF
SIGNATURE	DATE				
RIDER (OPERATOR) ONLY					
MOTORCYCLE: MAKE	MODEL	<u> </u>	'EAR	ENIGINE DISPLA	<u>cc</u> CEMENT
DRIVER'S LICENSE:				□ YES [□ NO
NUMBER	STAT	E EXPIRATION	ON DATE M	MOTORCYLE ENDO	
INSURANCE CARRIER:					