

# The American Legion Riders

## Post 90 Raymond, NH

### Event Waiver Form

**About You:** Complete this section in its entirety.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Check one. ( ) ALR Member ( ) Non-Member Participant

Emergency Contact Name: \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_-\_\_\_\_

**About Your Bike:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

**About the Lawyers:**

"I, the undersigned, certify that the motorcycle listed above is legally registered in accordance with state, city and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers and the motorcycle which meets at least the minimum state, city and/or local insurance requirements. I also certify that I carry a valid driver's license with either cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city and/or local laws. I further certify that I have the legal right to utilize the listed motorcycle. I accept full responsibility for my safety and conduct, and the safety and conduct of any who may be participating as my guest or passenger in this event. I realize that these are requirements for my participation in this event."

"I, the undersigned, agree that the American Legion and the American Legion Motorcycle Association (henceforth referred to as 'The American Legion Riders' or simply 'Riders'), shall not be liable or responsible for damage to property or injury to persons including myself during this event, even where the damage or injury is caused by negligence (except willful neglect). I understand that participation in this event is voluntary and is at my own risk. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in this event. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with this event."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All participants must signify their understanding and certification of the relative section above by signing and dating here.

**Passenger Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address(if different than above): \_\_\_\_\_

Phone #:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

"I am participating as a passenger for this event with the above participant who has certified their compliance with requirements of the event."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All participants must signify their understanding and certification of the relative section above by signing and dating here.