



## ENROLLMENT FORM AND/OR RELEASE

MEMBERSHIP     NEW     RENEWAL

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail Address (must have to receive minutes) \_\_\_\_\_

Phone Number \_\_\_\_\_

### ***THIS IS A RELEASE - READ BEFORE SIGNING***

I agree that the Triple C Riders Group shall not be liable or responsible for injury (including paralysis or death) or damage to my property occurring during Triple C Riders Group activities and resulting from acts or omissions occurring during the performance of the duties of the Group, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree group members and their guests participate voluntarily and at their own risk in all Triple C Riders activities and I assume all risk of injury and damage arising out of the conduct of such activities. I release and hold the Triple C Riders Group harmless from any injury or loss to my person or property which may result from my participation in their activities and events. I UNDERSTAND THAT THIS MEANS I AGREE NOT TO SUE THE TRIPLE C RIDERS GROUP FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR GROUP IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

By signing this release, I certify I have read this Release and fully understand it.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Dues Paid \_\_\_\_\_ Date \_\_\_\_\_

Yearly Dues (Due in May) \$20.00

Send form and \$20 to: Triple C Riders - P.O. Box 1154 - Marinette, WI 54143