

The American Legion Riders

Post #1 Omaha, NE

Member Information Form/Application for Membership

Last Name: _____ First Name: _____

Nickname/Rider Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____-_____ Cell Phone: (____)____-_____

Spouse: _____ Applicants Date of Birth: ____/____/____

Email Address: _____

Member of (circle one): Legion / SAL / Auxiliary at Post#____ Member # _____

Members name if applying as spouse: _____

Emergency Contact: _____ Phone: (____)____-_____

This is who we should contact should something happen

About your bike: Complete this section if you will be riding a motorcycle with the ALR. Cross it out if you are a passenger.

Make: _____ Model: _____ Displacement: _____

THIS IS A RELEASE, READ BEFORE SIGNING.

I agree that the American Legion and the American Legion Riders Motorcycle Association shall not be liable or responsible for damage to property or any injury to persons including myself during any American Legion or American Legion Riders activities, even where the damage or injury is caused by negligence. I understand that and agree that all American Legion Rider members and their guest participate voluntarily and at their own risk in all activities of the American Legion and American Legion Riders. I release and hold the American Legion Riders, the American Legion officers or the American Legion harmless for any injury or loss to my person or property, which may result there from. I understand that this means that I agree not to sue the American Legion Riders, the American Legion Riders officers, the American Legion or American Legion Rider activities. I further agree that I am responsible to provide adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the American Legion or American Legion Riders to cover liability in case of accident or injury. The above agreements and representations are entered into freely and without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Signature: _____ Date: _____

Witness Signature : _____ Date: _____

Witness Address: _____

Submit this completed application with your dues. Make Checks payable to ALR