

**HERITAGE RIDERS**

MEMBERSHIP AND ENROLLMENT RELEASE FORM

Member name: \_\_\_\_\_(print name)

Membership Type: Full (\$35) \_\_\_\_\_ Associate (\$35) \_\_\_\_\_  
(check one)

Read and Initial all below:

\_\_\_\_\_ I have current liability insurance on my motorcycle.

\_\_\_\_\_ I have a valid motorcycle operator’s license.

\_\_\_\_\_ I have read and agree to abide by the Club By-Laws

\_\_\_\_\_ I have read and agree to abide by the Club Riding Policies

\_\_\_\_\_ I agree to ride my own ride and that I am responsible for my own actions

\_\_\_\_\_ I agree that Members of the Heritage Riders Club and its respective Officers (“Released Parties”) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any Heritage Riders Club Event or Ride, 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). All Club members and their guests participate voluntarily and at their own risk in all Club rides and activities. I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold Club “Released Parties” harmless from any injury or loss to my person or property which may result from my participation in Club activities and events. ***I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE MEMBERS OR OFFICERS FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID RIDES OR EVENT(S).***

By signing this 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”.

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

Address:

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Cell Phone number)*

\_\_\_\_\_  
*(City, State, Zip code)*

\_\_\_\_\_  
*(E-mail Address)*

Annual Dues Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash

**If not presented in person, please mail completed form and payment to:**

HERITAGE RIDERS ATTN: TREASURER, #1087, 76 FORT EDDY RD. SUITE 1, CONCORD, NH 03301