## INDIAN MOTORCYCLE RIDERS GROUP® LOCAL CHAPTER MEMBERSHIP ENROLLMENT FORM AND RELEASE

Chapter Name <u>Daytona Beach #1949</u>		RIDERS	GROUP
Member Name		- 30	TO DE YOU
Address		_	OKCI
City	Sta	teZIP	
Phone			
E-mail			
Preference for communication and updates:	☐ Facebook Group	☐ Email	☐ Website
I have read the Annual Charter for Indian Motorcycle Ri of this dealer sponsored Chapter.	iders Group. Chapters and hereby a	gree to abide by it as	a member
I recognize that while this Chapter is chartered with Indiresponsible for its actions.	ian Motorcycle Riders Group® it ren	nains a separate, inde	pendent entity solely
THIS IS A RELEASI	E. READ CAREFULLY BEFOR	E SIGNING.	
I agree that the Sponsoring Dealer, Indian Motorcycle R my Chapter and each of their respective affiliates, office will not be liable or responsible for injury to me (includi Motorcycle Riders Group® activities. I understand and participate voluntarily and at their own risk in all Indian related to my participation in those activities. These risk mechanical failures, dangerous or improperly maintaine other riders, and the potential negligence of the Released risks.	ers, directors, employees, agents, suc ng serious injury or death) or damag agree that all Indian Motorcycle Rid Motorcycle Riders Group® activities s include serious injury and/or death d roads, improperly selected routes,	cessors and assigns ge to my property oc ers Group® member and I assume all ris caused by loss of vomy own negligent ac	(the "Released Parties") curring during any Indian is and their guests ks of injury and damage chicle control, vehicle cts, the negligent acts of
I AGREE TO WAIVE TO THE FULLEST EXTENT have or may in the future have relating to	ALLOWED BY LAW ANY AND	ALL CLAIMS OF A	ANY KIND that I
Indian Motorcycle Riders Group® activities, whether directly RELEASE, DEFEND, HOLD HARMLESS AND INCLIABILITY for any liability, loss, damage, expense or in participation in such activities. I understand that this was the Released Parties.	DEMNIFY THE RELEASED PART njury (including death) that I or my	TIES FROM ANY Anext of kin may incu	AND ALL r resulting from my
I EXPRESSLY WAIVE ANY BENEFITS I MAY HA law, that provides that a general release does not extend have materially affected my decision to sign this release	to claims which I do not know of or	HE CALIFORNIA ( suspect exist, which	CODE, or any other n if known by me may
THIS AGREEMENT SHALL BE GOVERNED BY M claim relating to this Agreement or the Event shall be fir Act in the state of Minnesota.	MINNESOTA LAW, without regard nally resolved by BINDING ARBIT	to its choice of law r RATION under the	rules. Any dispute or United States Arbitration
I HAVE READ THIS RELEASE PRIOR TO SIGNING ON ANY OTHER STATEMENTS OR REPRESENT THAT BY SIGNING THIS RELEASE I AM WAIVIN MAY HAVE AGAINST THE RELEASED PARTIES.	ATIONS MADE BY THE RELEA NG CERTAIN LEGAL RIGHTS W	SED PARTIES. I A	M AWARE
Member Signature	Date _	· · · · · · · · · · · · · · · · · · ·	
Local Dues Paid \$	Data		B 1:

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