



VICTORY MOTORCYCLE CLUB HAVRCF LOCAL CHAPTER Membership Application and Liability Release Form #VMC123

Please write clearly and fill in all information.

Name _____

Phone () _____ Cell Phone () _____

Address _____ Date of Birth _____ Age _____

City, State, Zip _____ Date _____

VMC Number _____ Forum Handle (VMC Name) _____

Email Address _____

In consideration of being granted membership in the Victory Motorcycle Club (VMC) Hurricane Alley Victory Riders of Central Florida Chapter ("HAVRCF") and/or in renewing my HAVRCF Chapter membership for the current year, and in consideration of being permitted to participate in any and all HAVRCF Chapter-sponsored functions and activities (collectively, the "Events"), I agree to the following:

1. **Liability Release and Assumption of Risk.** I understand that my participation in an Event can expose me to dangers both from known and unanticipated risk, including, but not limited to, risk associated with riding my motorcycle to, from or during an Event or interaction with other persons, including other VMC Chapter members or others, at an Event. I willingly and voluntarily assume all such risks, including those of loss, damage or injury, including death, to myself and/or my property from any cause whatsoever. Moreover, acknowledging that such risk exists, I, for myself, my heirs, personal representatives and assigns, hereby release, discharge and hold harmless VMC and any of its affiliates; the clubs, Chapters, the promoters, the landowners, and the sponsors, if any, co-hosting an Event; the owners and lessee of premises on which an Event takes place; and the officers, directors, officials, representatives, agents, members, successors, assigns, affiliates, and employees of all of them (collectively "Released Parties") from any and all claims or liability for personal injury, including death, or property damage I may suffer resulting from, arising in connection with, or related to the Event, including, but not limited to, any claims arising out of the conduct of any person in connection with the preparation for, supervision of, or conduct of any Event or Event-related activity. I specifically release the Released Parties and each of them for the negligence, in any form, of any or all of the Released Parties. In signing this release, I **FULLY RECOGNIZE THAT IF I AM HURT AND/OR MY PROPERTY IS DAMAGED IN CONNECTION WITH THE EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE RELEASED PARTIES EVEN IF THEY OR ANY OF THEM CAUSED MY DEATH, INJURY OR DAMAGE.**

2. **Indemnification.** I agree to indemnify and hold harmless the Released Parties, individually and/or collectively, from all lawsuits, claims, damages, costs and attorneys' fees which arise out of my presence or conduct at an Event and/or my violation or my representative's violation of any provision of this Application. This provision will apply regardless of whether or not the lawsuit, claim, damages, costs and/or attorneys' fees arises out of the negligence, in any form, of any of the Released Parties. As I am releasing any claim my family, guardian, representative and/or estate might wish to make by reason of my injury or death, this indemnity provision shall specifically apply to such actions on my behalf and/or any such actions resulting from my injury or death.

3. **Insurance Responsibility.** I understand that VMC does not provide health and/or life insurance. If I do not have insurance I deem appropriate, I agree that I should not participate in an Event. I assume all responsibility for my doctor and/or hospital expenses and any loss or injury to personal property or myself in which I may become involved in by reason of participating in an Event.

Notice:

As rider or authorized guardian of a rider, I certify that I have completely read this Application and by signing below, accept the foregoing terms as a condition of my Membership.

Signature of Member

Printed name of Member

If rider listed above is under the age of 18:

Signature of parent or legal guardian

Printed name of parent or legal guardian

Mail To:

Deanna Miller
Hurricane Alley Victory Riders of Central Florida
4839 Grovers Rd
Ft. Pierce, FL 34951

Include your \$20.00 check or money order payable to "HAVRCF". Please choose:

_____ White Background Patch or _____ Black Background Patch

(One patch is included with your initial dues – add \$7.00 for each extra patch that you wish)