

American Legion Riders Motorcycle Association

Post 130 LaBelle, Florida

Membership Application

Name: _____ Nickname: _____

Address: _____

City, State and Zip: _____

Phone: (_____) _____ Birth date: _____

E-mail address: _____ Post Number where you belong: _____

Applicant is a member of American Legion _____, Auxiliary _____, SAL: _____

American Legion Membership Number: _____ Exp. Date: _____

Type of Motorcycle: _____ or ALR Supporter: _____

Annual Membership Dues \$10.00 - New: _____ Renew: _____ Cash: _____ Check #: _____

THIS IS A RELEASE, READ BEFORE SIGNING

By signing this application, I agree to waive all claims against The American Legion, Department of Florida, Inc, The American Legion Post 130, American Legion Riders and all Members, of both organizations. 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 the American Legion Riders. I release and hold the American Legion Riders, the American Legion Riders Officers and the American Legion harmless for any injury or loss to my person or property, which may result therefrom. I understand that this means that I agree not to sue the American Legion Riders, the American Legion Rider Officers or the American Legion for any injury or my property in connection with any 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. I also agree to comply with all State motor vehicle laws and regulations. I agree to reimburse The American Legion, Department of Florida, Inc., The American Legion Post 130, or American Legion Riders for any and all losses they may suffer as a result therefrom.

Signature: _____

Date: _____

Submit Application Form To:

American Legion Post 130 Attention Legion Riders Chapter 130 Director

699 Hwy 80 West LaBelle, Florida 33935

Phone: (863) 675-8300