



WORLD CLASS RIDERS, INC.



ADULT ENROLLMENT FORM AND RELEASE FOR ALL 2020 ACTIVITIES/RIDES/EVENTS

\$30 Full Membership

FREE Associate Membership

Name:

Address:

City: State: Zip:

Phone H: Phone C:

E-Mail Address:

Name of Emergency Contact:

Phone H: Phone C:

(Please list person(s) that would NOT normally ride with you)

Do you give permission for your name, email and phone number to be published in the Group's Public Directory? *Lack of response will be considered YES.*

YES NO

Would you like to receive text messages of WCR rides and events to your cell phone?

YES NO

AMA National Membership #:

Where would you like to ride?

THIS IS A RELEASE, READ BEFORE SIGNING

I agree that **World Class Riders, Inc.** and their respective officers and volunteers (hereinafter, the "RELEASED PARTIES") shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any World Class Riders, Inc. group activities/rides/events 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). I understand and agree that all World Class Riders, Inc. members and their guests participate voluntarily and at their own risk in all World Class Riders, Inc. activities/rides/events and I assume all risks of injury and damage arising out of the conduct of such activities/rides/events. I release and hold the "RELEASED PARTIES" harmless from any injury or loss to my person or property which may result from my participation in World Class Riders, Inc. activities/rides/events. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE "RELEASED PARTIES" FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR GROUP DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID ACTIVITIES/RIDES/EVENTS.**

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement including, but not limited to, Section 1542 of the California Civil Code which provides:

"A general release does not extend to the claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor."

I give permission to the "RELEASED PARTIES" to use my photograph in group publications and website.

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".

DATE: _____

MEMBER SIGNATURE: _____

DUES PAID: \$ _____



Welcome to the World Class Riders Group

Please fill out the following questionnaire so we can introduce you at the meeting:

Date:

Name: Nickname: (if any)

Are You a Veteran? (Military Service) YES NO (If Yes, **THANK YOU FOR YOUR SERVICE!**)

What kind of bike do you ride?

Year: Manufacturer: Model:

How long have you been riding?

Do you mostly ride solo or two-up? RIDE SOLO RIDE TWO-UP

What do you do for a living?

Do you have any other hobbies?

What inspired you to join/visit our group?

Have you ever attended a rider safety course? YES NO

If Yes: BASIC ADVANCED Last year you completed a course:

Do you have much experience riding with a group?

Would you be interested in Leading Rides for our Group?

When is your birthday? *Month/Day*

Associate Members: What year did you last belong to World Class Riders-Hamilton Hog?

**WORLD CLASS RIDERS, INC. MINOR'S ASSUMPTION OF RISK
ACKNOWLEDGMENT – AGES 12 OR OLDER FOR ALL 2017
ACTIVITIES/RIDES/EVENTS**

I have obtained my parent's consent to participate in all ACTIVITIES/RIDES/EVENTS conducted over the course of the above year and/or enter into restricted areas. I understand that I am assuming all of the risks of personal injury which might occur during the ACTIVITIES/RIDES/EVENTS and I state the following:

1. Both my parents and I believe I am qualified to participate in all 2017 ACTIVITIES/RIDES/EVENTS and/or enter into restricted areas established in connection the ACTIVITIES/RIDES/EVENTS. I will inspect the area and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the ACTIVITIES/RIDES/EVENTS.
2. I understand that the ACTIVITIES/RIDES/EVENTS MAY BE VERY DANGEROUS AND INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I know that these risks and dangers may be caused by my own actions or inaction, the action or inaction of others participating in the ACTIVITIES/RIDES/EVENTS, the rules of the ACTIVITIES/RIDES/EVENTS, the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the ACTIVITIES/RIDES/EVENTS.

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

PRINTED NAME OF MINOR PARTICIPANT

AGE

SIGNATURE OF MINOR PARTICIPANT

DATE