

Country Roads Group Riding
Application for Membership

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Phone Work: _____

E-Mail: _____

DOB : _____ How many miles did you ride last year? _____

Conditions, Disclaimer and Hold Harmless Agreement.

By signing this application, I agree that I am applying for membership to *Country Roads Group Riding* and I understand that my membership may be accepted or rejected.

If accepted, I agree to follow the club's by-laws and policies and I understand these by-laws and policies may change after I become a member.

If not accepted, I agree I will not contest the decision in any fashion and shall not attempt any litigation or other legal course of action for damages or recovery of any kind caused by the club's decision not to accept me as a member.

I agree that riding a motorcycle is dangerous and I assume that risk of my own free will. Should I become injured and/or killed while attending a Event, Ride or Activity organized by *Country Roads Group Riding*, I agree to forgive and forever hold harmless *Country Roads Group Riding*, it's Directors, Officers and Members. Furthermore, it is understood that the executors of my estate, relatives, family members and/or friends will be bound by all the agreements I have made as listed above.

Sign: _____ Date: _____

I am applying for:

Individual Membership (\$25) _____ Multiple Membership*(\$40) _____

*Multiple Membership is a Individual Membership plus one immediate family member from your household. (Spouse or your child)

One application per person must be completed and submitted at the same time.

This application must be sent in it's original form (No copies) and mailed with your check to:

Country Roads Group Riding c/o Ron Hooten P.O. Box 31981 Knoxville, TN. 37930
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Your membership fee will be refunded should you not be accepted.