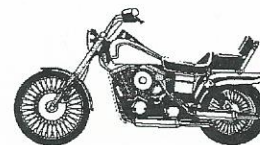


VFW Missouri Riders

Membership Application

Rider Liability Release

Bylaws/Guidelines



1. MEMBERSHIP APPLICATION

Rider's Full
Name: _____

(first)

(last)

Address: _____ City/State/Zip _____

Phone Number(s): _____ E-mail _____

Member of what Post or Auxiliary _____ City _____ Membership # _____

Your Driver's License *must have motorcycle endorsement/classification.*

Do you have insurance Yes No

2. MISSOURI VFW RIDER RELEASE

As a condition of my voluntary participation in the VFW MISSOURI RIDERS, and on behalf of myself and my heirs and assigns, I hereby release and discharge the Veterans of Foreign Wars of the United States, their officers, employees and agents and its affiliated organizations and their respective officers, employees and agents from any and all claims, demands, damages or liabilities arising from injuries to my person or property as the result of participating in the Ride.

I currently hold a valid drivers license with an endorsement to operate a motorcycle, and I have comprehensive motor vehicle liability insurance covering the vehicle, which I will be operating in the Rides.

I will abide by all laws relating to the ownership and operation of motorcycles in all applicable jurisdictions while participating in the Ride.

Rider's Signature _____ Date _____

3. I have read the VFW Missouri Riders Bylaws /Guidelines and Constitution for Riders in its entirety and promise to abide by these Bylaws /Guidelines.

Rider's Signature _____ Date _____

Send application to: Ride Captain Don Harris, 1416 NE Oakwood Dr., Lees Summit, MO 64086 or email to raindance50@yahoo.com You may phone (816) 674-1227