



# Blood and Fire Motorcycle Club

## Membership Application

I, \_\_\_\_\_ (legal Name) would like to submit this application of membership to become an active member of Blood and Fire Motorcycle Club. I agree to abide by the Rules and Regulations of Blood and Fire Motorcycle Club.

**Name: First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **Province** \_\_\_\_\_ **Class** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Motorcycle** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Other motorcycle club membership(s) held: \_\_\_\_\_

In consideration of being granted membership in the **Blood and Fire Motorcycle Club** and in consideration of being permitted to participate in any and all club 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 persons, including other 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 the **Blood and Fire Motorcycle Club**, and any of its affiliates, the promoters, the landowners, and the sponsors, if any, co-hosting an Event; the owners and 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 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 that arise out of my presence or conduct at an Event and/or my violation or my representative's violations of any provision of the Application. This provision will apply regardless of whether or not the lawsuit, claim, damages, costs and/or attorneys' fees arise 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 the **Blood and Fire Motorcycle Club** provides neither health and/or life insurance. 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.

I authorize Motorcycle Club to have my email address, mailing address, and phone numbers for club use only (mailing and contact purposes). Also, by signing below I give authorization to post my photos on Club's website and Facebook account. I fully understand the bylaws of the club including the disciplinary clause and will abide by them. Aforesaid information given by me is correct and latest to the best of my knowledge.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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For Office use only

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership ID Number: \_\_\_\_\_ Dues paid: (cash) \_\_\_\_\_ (check) \_\_\_\_\_