



Flying Wheels Motorcycle Club

MEMBERSHIP APPLICATION

NAME: Last _____ First _____ Init ____ DOB ____/____/____

SPOUSE FIRST NAME: _____ Motorcycle Endorsement? Yes ____ No ____

NAME ON YOUR NAME TAG: _____

ADDRESS: Street _____

City _____ State _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS (Print Clearly): _____

MOTORCYCLE: Make _____ Size, cc's _____ Year _____ Color _____

Months available for club activities: (Please circle)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

NON-LIABILITY CLAUSE

I understand that the Flying Wheels Motorcycle Club cannot assume responsibility for any aspect of my safety or the safety of my passengers, and that if I participate in any Flying Wheels Motorcycle Club event that I do so voluntarily, on my assessment of my abilities, the condition of my machine, the routes and all facilities and circumstances.

I further understand that I assume all risk for myself, my passenger and my property and that I, the undersigned, give this release and waiver for myself, heirs, successors, and representatives. I agree to release and to hold harmless the Flying Wheels Motorcycle Club and all its' officers and members from any liability, loss, claims, lawsuits, and/or causes of action including but not limited to all bodily injuries, including death and property damage, arising out of any aspect of my attendance at or participation in any event associated with the Flying Wheels Motorcycle Club.

I have received, read, and agree to comply with the Flying Wheels Motorcycle Club Riding and Safety Guidelines.

Signed: _____ Date: _____