



**VETERANS ARMY MOTORCYCLE CLUB**

**MEMBERSHIP APPLICATION v. 1.2**

YEAR\ MONTH\ DAY

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

YEAR, MAKE & MODEL OF MOTORCYCLE: \_\_\_\_\_

COLOUR: \_\_\_\_\_ LICENCE NO.: \_\_\_\_\_

**NEXT OF KIN (EMERGENCY USE ONLY):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Approval of Membership**

Memberships are approved, in part, on the basis of information provided by the applicant and may be revoked at anytime for cause. In the event an applicant provides misleading or false information; fails or refuses to adhere to the rules of the organization; or commits any other act worthy of sanction, the VAMC executive, in its sole discretion, may immediately suspend or terminate membership. Where deemed necessary, legal action may also be taken. Members applying for standing as veterans must provide proof of military service. No membership will be processed without a fully executed Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement attached.

**SOLEMN AFFIRMATION:**

I have read, understand and agree to adhere to the rules, aims and objectives of the Veterans Army Motorcycle Club as they are now stated and as they may be amended in the future. I make this solemn affirmation knowing it is of the same force and effect as if made under oath.

Veterans Affairs Canada and the Department of National Defence (DND) have extended veteran status to former Canadian Forces members and Reserve Force members who:

- meet DND's military occupational classification requirements (MOC-qualified); and
- have been released from the Forces with an honourable discharge.

I qualify as a **veteran** and attach to this application a true copy of proof of my military service.

Eligibility for veteran status supported by:

- Discharge documents;
- DND Identification card;
- Service Records;
- Military pension stub; or
- Other \_\_\_\_\_

**OR**

I am applying as a **non-veteran** member.

I understand that membership in the VAMC is such and that I may **not** hold concurrent membership in any other crested or patched motorcycle club(s) which may pose a conflict of interest.

Dated at Kingston, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness as to the signature of

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Print name clearly

\_\_\_\_\_  
Print name clearly

# RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. READ THIS DOCUMENT CAREFULLY! YOU HAVE THE RIGHT TO SEEK LEGAL COUNSEL BEFORE SIGNING THIS DOCUMENT.**

## ASSUMPTION OF RISKS

I am aware that motorcycle riding, particularly in groups, involves risks, dangers and hazards in addition to those normally experienced when traveling on a roadway. I acknowledge and accept that the Veterans Army Motorcycle Club and their staff may fail to predict whether the conditions are safe for group motorcycle riding. I understand and accept that the roadways used for motorcycling with the Veterans Army Motorcycle Club may be uncontrolled, poorly marked, not inspected or poorly maintained and that the skill level and experience of other riders in a group will vary which can increase the risks, dangers and hazards of motorcycling. I acknowledge and accept that I could be involved in a collision with other motorcycles or vehicles, potentially at high speeds; that some motorcyclists may fail to ride safely or within their own ability or within designated areas; **and I SPECIFICALLY ACKNOWLEDGE AND ACCEPT THAT HAZARDS AND RISKS COULD INCLUDE NEGLIGENCE ON THE PART OF THE VETERANS ARMY MOTORCYCLE CLUB OR THEIR OFFICERS, DIRECTORS, VOLUNTEERS, EMPLOYEES OR RIDE CAPTAINS INCLUDING THE FAILURE OF THE VETERANS ARMY MOTORCYCLE CLUB OR THEIR OFFICERS, DIRECTORS, VOLUNTEERS, EMPLOYEES OR RIDE CAPTAINS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF MOTORCYCLE RIDING.**

I acknowledge and I accept that motorcyclists may become lost or separated from the riding group. Communication may be difficult and, in the event of an accident or injury, rescue and medical treatment may not be available.

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MOTORCYCLE RIDING, PARTICULARLY IN GROUPS AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM. I CONFIRM THAT I READ AND SPEAK THE ENGLISH LANGUAGE AND THAT I HAVE HAD THE OPPORTUNITY TO SPEAK TO A LAWYER BEFORE SIGNING THIS WAIVER.**

Dated at Kingston, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

Print name clearly \_\_\_\_\_

Witness \_\_\_\_\_

Print name clearly \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. READ THIS DOCUMENT CAREFULLY! YOU HAVE THE RIGHT TO SEEK LEGAL COUNSEL BEFORE SIGNING THIS DOCUMENT.**

In consideration of **THE VETERANS ARMY MOTORCYCLE CLUB** allowing me to participate in motorcycle rides, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against **THE VETERANS ARMY MOTORCYCLE CLUB** and their directors, officers, employees, guides, agents, independent contractors, representatives, successors and assigns (all of whom are hereinafter collectively referred to as the **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in motorcycle riding, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, ON THE PART OF THE RELEASEES AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF MOTORCYCLE RIDING REFERRED TO ABOVE;**
2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party resulting from my participation in motorcycle riding;
3. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and
5. Any litigation involving the parties to this Agreement shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of motorcycle riding, other than what is set forth in this Agreement.

Initials of Applicant \_\_\_\_\_

Initials of Witness \_\_\_\_\_

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. I CONFIRM THAT I READ AND SPEAK THE ENGLISH LANGUAGE AND THAT I HAVE HAD THE OPPORTUNITY TO SPEAK WITH A LAWYER BEFORE SIGNING THIS AGREEMENT.**

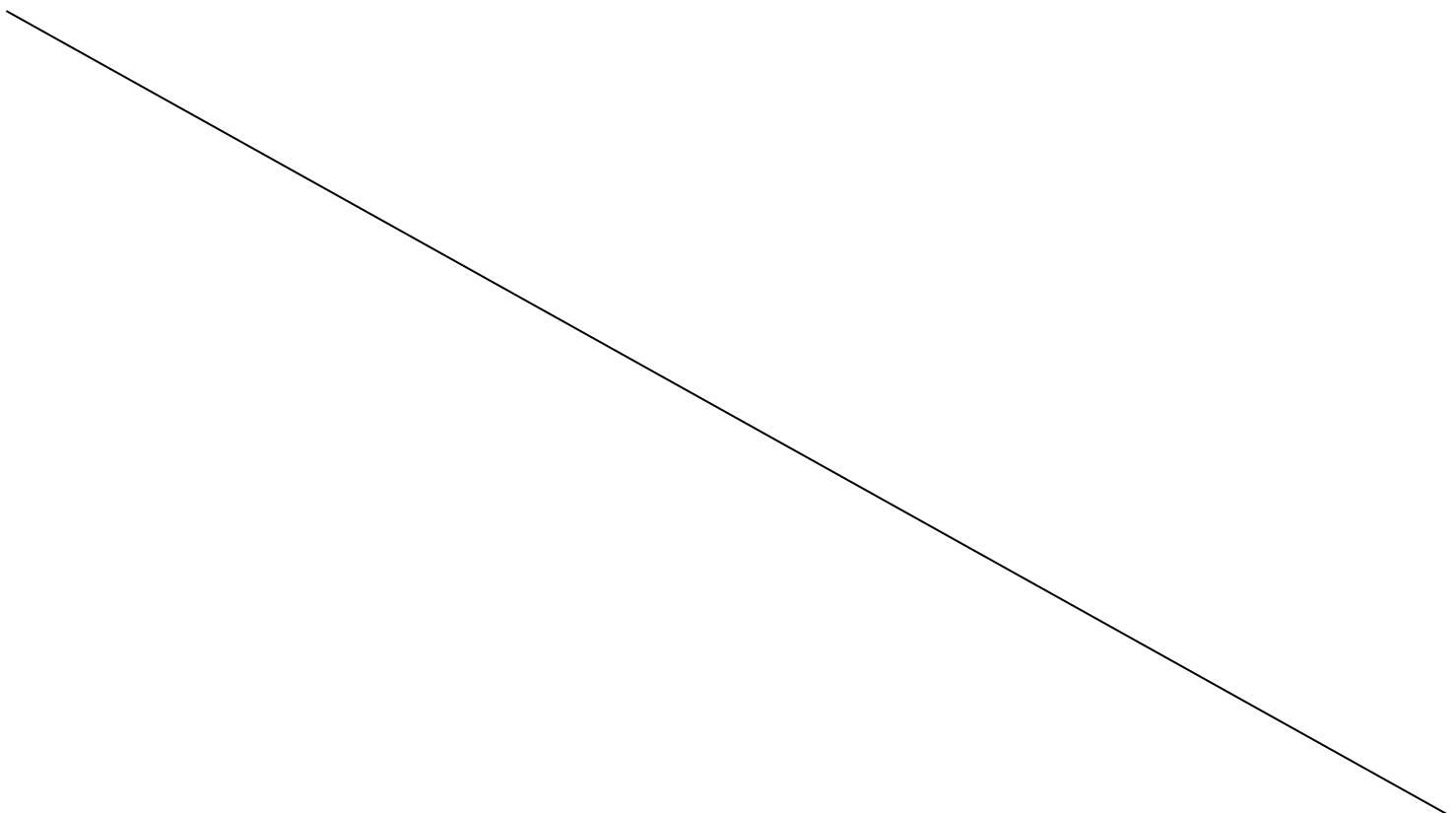
Dated at Kingston, Ontario this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_

Print name clearly \_\_\_\_\_

Witness \_\_\_\_\_

Print name clearly \_\_\_\_\_





Received by Membership Committee \_\_\_\_\_

Date

Yes

No

Hold\*

Application Approved

\*Reason for hold and/or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Completed applications and \$50.00 membership fee may be returned by mail to:

**Veterans Army Motorcycle Club**  
**829 Norwest Road, Suite 702**  
**Kingston, ON**  
**K7P 2N3**

**Note: please do not send cash. Money Order or certified funds preferred.**