



# FBMA STATE MOOSE RIDER ASSOCIATION

## Membership Enrollment Form

New Member: \_\_\_\_\_ Existing Member: \_\_\_\_\_ Re-Enrollment: \_\_\_\_\_ Transfer from Moose Rider group \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Lodge: \_\_\_\_\_ Lodge # \_\_\_\_\_ Chapter # \_\_\_\_\_

Moose ID# \_\_\_\_\_ Expires: \_\_\_\_\_ District: \_\_\_\_\_

Moose Rider # (If issued) \_\_\_\_\_ Year Joined Moose Riders \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "Ride", Poker Run", "Field Meet" or "Activity" (hereinafter, **EVENT (S)**) sponsored and/or conducted by Moose International, The FBMA State Moose Riders Association, Lodge and Moose Riders Lodge Activity Group and their respective officers, directors, employees and agents (hereinafter, the **"RELEASED PARTIES"**) releases and holds harmless the **"RELEASED PARTIES"** from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the **"RELEASED PARTIES"** resulting from or arising out of their performance of their Association/Lodge/Lodge Activity Group duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** with respect to the **EVENT(S)** or with respect to the conditions, qualifications, instructions, rules or procedures under which the **EVENT(S)** are conducted or from any other use. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR LODGE/LODGE ACTIVITY GROUP, OR ASSOCIATION DUTIES IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS.** I am experienced in and familiar with the operation of motorcycles and/or other form of transportation and fully understand the risks and dangers inherent in motorcycling and any other form of transportation. I also promise the information I have provided on Insurance is true to my best knowledge. I am voluntarily participating in the **EVENT (S)**, and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I might sustain to my person and property as a result of my participation in the **EVENT (S)**, and any negligence (except willful neglect) on the part of any or all of the **"RELEASED PARTIES"** in performing their Lodge/Lodge Activity Group or Association duties.

### IMPORTANT INFORMATION ON PATCHES-PLEASE READ AND SIGN

The undersigned also agrees, if they wear a Vest or Jacket "Back Patch", they must wear the Approved Florida Bermuda Moose Association – State Moose Riders Activity Group "Back Patch". In addition, the member must agree not to wear a Three Piece Patch on their Jacket or vest at any time. Any MEMBER in violation of these rules will be immediately banned from further activities of any Moose Riders Activity Group within the State of Florida.

I, \_\_\_\_\_ Moose Rider # \_\_\_\_\_ an active member in the Moose Rider group of \_\_\_\_\_ Lodge # \_\_\_\_\_ recognize the above applicant as a good standing member of the Loyal Order of Moose, Women of the Moose or an approved affiliate of a good standing member.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only:**

**Date:** \_\_\_\_\_

**Moose Rider Membership #** \_\_\_\_\_ **Amount Paid \$** \_\_\_\_\_