MEMBERSHIP ENROLLMENT
2016
Last Chance Riders Association, Inc.
P.O. Box 711
Helena, Montana 59624
If mailing application, send to:

Active: Single ($200 + 20hrs) Family ($300 + 40hrs)
Non-Active: Single ($400 + 0hrs) Family ($600 + 0hrs) Circle One)

NAME: (PRINT) _____
(LAST) (FIRST) (MI)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

TELEPHONE: _____ ALTERNATE: _____

EMERGENCY CONTACT: _____ ***PHONE:*** _____

MEMBERS BIKE NUMBER:_____

Family Member(s) Name	Bike Number	Age

MEMBERSHIP AGREEMENT AND SIGNATURE

In accordance with any conditions noted herein, the undersigned acknowledges and agrees to the following:

The use of any Last Chance Riders Association, Incorporated (hereinafter referred to as the "Club") property is a privilege of Club Members and the Club owes the undersigned, his/her responsible persons (hereinafter referred to as "Family") and/or chaperoned guests (hereinafter referred to as "Guests") no duty of care with respect to the condition of Club properties available to members except through an act or omission that constitutes willful or wanton conduct in the name of the Club.

The undersigned recognizes and assumes the risk of possible injury or damage to his/her personal property, self, Family and/or Guests while present or engaging in activities on Club properties. The Club expressly disclaims any warranties of safety for the intended use/purpose of Club properties. The undersigned agrees to hold harmless and indemnify the Club for any injury or damage to his/her personal property, self, Family and/or Guests. The undersigned further accepts and agrees to the conditions and requirements of the Club and its Members as contained in Club By-Laws, in their entirety.

I understand that my active membership agreement requires me to work at least 20 hours per year if I chose single or 40 hours a year if I chose family. Initial: _____

I understand that I may only bring a guest rider 5 times per year and must make arrangements beforehand with the proper paperwork. Failure to do so may result in the loss of my membership. Initial: _____

THE UNDERSIGNED CERTIFIES, THROUGH HIS/HER SIGNATURE, THAT HE/SHE HAS READ AND AGREES TO THE CONDITIONS DESCRIBED IN THIS FORM AND THAT THE INFORMATION PROVIDED BY HIS/HER HAND IS, TO THE BEST OF HIS/HER KNOWLEDGE, TRUE, ACCURATE AND COMPLETE.

SIGNATURE: _____ DATE: _____
(If under 18 years of age: Parent or Legal Guardian)