Rev. 10/2024



## Red Knights Motorcycle Club Massachusetts Chapter 2

P.O. Box 221 Petersham, MA 01366

Jeff Hamberg
President
John Loiselle
Vice-president
Jim Skehan
Secretary
Robert Laford
Treasurer
Tim Kilhart
Road Captain
Charlie Hamberg
Asst. Road Captain
Ian Hurley
Sgtat-Arms

APPLICA	TION REQUEST
Name:	Date:
Address:	Phone:
Town:	State: Zip:
Email Address (if have one):	Cell Phone:
How did you find out about us?	
and the Red Knights Interne	Operating Guidelines (SOGs) and By-Laws of Ma Chapter-2 ational Firefighters Motorcycle Club. of your membership With Red Knights MaChapter-2
Signature of applicant	
	tion fee: Five (5) dollars (non-refundable) year along with Chapter "Hold Harmless Agreement"
Fire Department Affiliation:	Membership committee only
	After investigation of the above named individual, we, the membership committee (recommend/reject)
I certify that the above named individual is an active/retired member in good standing with the	approval of this applicant for membership. Member Status: Active Associate Social Special Honorary
Fire Department at the present time.	Date:
Sponsoring member:	Committee representative



## Red Knights Motorcycle Club – Mass Chapter 2 P.O. Box 221 — Petersham, MA 01366

## Participant Agreement, Release and Assumption of Risk

In consideration of the services of The Red Knights Motorcycle Club, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "RKMC"), I hereby agree to release, indemnify and discharge RKMC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that riding a motorcycle entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated completely without jeopardizing the essential qualities of the activity.

The risks include, but are not limited to: crashes involving other motorcycles or vehicle; collisions with fixed or movable objects; falls from the motorcycle; the negligence of other operators of motor vehicles or myself; weather conditions; my own physical condition; the condition of roads, terrain, or highways and accidents connected with their use; or contact with animals or insects.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate regardless of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RKMC from any claims, demands or causes of actions, which are in any way connected with my participation in this activity or my use of RKMC equipment or facilities including any such claims which allege negligent acts or omissions of RKMC.

4. Should RKMC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; and I agree to bear any uninsured costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may acquire as a result of my participation in this activity.

6. In the event that I file a lawsuit against RKMC, I agree to do so solely in the state of Massachusetts, and I further agree that the substantive law of Massachusetts shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining terms shall remain in full force and effect.

By signing this document, I agree to abide by all event requirements regarding the safe and legal operation of motorcycles, no use of illegal drugs or any substance that may affect my judgement and safe operation of a motor vehicle. I certify that I have no known physical or mental impairment that may affect my safety or the safety of the club and its members and guests.

By signing this document, I acknowledge that if anyone is hurt or property is damaged by my participation in this activity. I may be found by a court of law to have waived my right to maintain a lawsuit against RKMC.

I have had sufficient opportunity to read this entire document, I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_Print Name: \_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_Print Name

Address:

Phone:

Date:

## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18).

(pint minor's name) ("Minor") being permitted by In consideration of RKMC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RKMC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_