

CHAPTER MEMBERSHIP
ENROLLMENT FORM AND RELEASE

CHAPTER NAME _____
MEMBER NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS _____ BIRTHDATE _____
PHONE NUMBER(S) _____ What do you ride? _____

EMT, Paramedic, FF, etc

I have read the Annual Charter for EMS Angels, MC Chapters and hereby agree to abide by it as a member.

I recognize that while this Chapter is chartered with EMS Angels MC, it remains a separate, independent entity solely responsible for its actions.

- THIS IS A RELEASE, READ BEFORE SIGNING -

I agree that the EMS Angels MC, my Chapter and their respective officers, directors, employees and agents (hereinafter, the **“RELEASED PARTIES”**) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any EMS Angels MC chapter activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all EMS Angels members and their guests participate voluntarily and at their own risk in all activities and I assume all risks of injury and damage arising out of the conduct of such activities.

I release and hold the **“RELEASED PARTIES”** harmless from any injury or loss to my person or property which may result from my participation in EMS Angels activities and EVENT(S). I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE **“RELEASED PARTIES”** FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR CHAPTER DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification Agreement including, but not limited to, the Pennsylvania Civil Code which provides:

“A general release does not extend to the claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known to him/her must have materially affected his settlement with the debtor.”

By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the **“RELEASED PARTIES”**.

MEMBER SIGNATURE _____

WITNESS _____ DATE _____

LOCAL DUES PAID \$ _____ DATE _____

(Initial dues are 50.00 for full, 25.00 for associate and \$15 for social members. Patches are \$150. Membership runs from January 1st through December 31st, unless otherwise noted)

RETURN THIS FORM TO YOUR CHAPTER or mail to: Roberta Farls-Plohr, 4073 Sanlin Dr, Moon Twp, PA 15108