



L.I. Harley Riders, Inc.

A.M.A. Charter # 3156

2024 Membership Enrollment and Release Form

Member Name _____

*** Full \$60.00 / Associate \$35.00. (Check One)***
(Please see the below note regarding membership fees)

Address _____

City _____

State _____ Zip _____

D.O.B. _____

E-Mail _____

Phone # _____

If applicable, AMA Nat. # _____ AMA Exp. Date _____ L.I. Harley Rider # _____ (Leave Blank)

I.C.E. (In Case of Emergency) Contact Names and Numbers

(Name1) _____ (Phone) _____

(Name2) _____ (Phone) _____

(I.C.E. contact names and phone numbers are emergency contacts & should be someone other than your riding companion).

I have access to read the Charter's Constitution and By-Laws and hereby agree to abide by them. I recognize that while this Charter is chartered with AMA, it remains a separate, independent entity solely responsible for its actions.

***** This is a "Release"- Please Read Before Signing *****

I agree that the American Motorcycle Association ("AMA"), my Charter and their respective officers, directors, road captains, employees and agents (herein after, 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 A.M.A. or Charter 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 AMA members and their guests participate voluntarily and at their own risk in all AMA and/or Charter activities and I assume all risks of injury and damage out of the conduct of such activities and events.

I hereby release and hold the RELEASED PARTIES harmless from any injury or loss to my person or property which may result from my participation in AMA and/or Charter activities and events.

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 CHARTER 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, Section 1542 of the California 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 favor at the time of executing the release which if known to him 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: _____ Date: _____

As a Charter member, you consent, unless otherwise indicated in writing below, to the posting of photos of you on our website, as well as allowing for your personal contact information on our private, "members only" web portal (collectively, the Photographic Content and Member Content).

Please return this form and proper payment payable to.....
(Please see the below note regarding membership fees)

L.I. Harley Riders, Inc.
P.O. Box 1375, Commack, NY 11725 Attn. Membership

***Note:** 2024 membership renewals paid *prior to* December 31, 2023 will be discounted as follows: Full Membership =\$50, Associate Membership =\$30. Renewals received *after* 12/31/23 are \$60 & \$35 respectively.

***Associate Membership is for a non-motorcycle riding person or a person that rides as a passenger.**

[Internal USE: Dues Received by: _____ Date: _____ Amount: \$ _____ Cash / Ck# _____]



L.I. Harley Riders, Inc.
Member Riding Profile - Full Members Only
(This is a supplement to your Membership Application)



Print Name: _____ Signature: _____

Date: _____

Referred By (if applicable): _____



Member Eligibility Requirements (please affirm with your initials; *provide copy of documents):

1. I have a valid Motorcycle license* _____
2. I own a Harley-Davidson _____ (Year _____ Model _____)
3. My bike is insured* _____



Member Code (please affirm with your initials):

1. When riding with LIHR, I agree to wear a DOT helmet and appropriate riding gear _____
2. I agree to keep my bike inspected and well-maintained _____
3. I agree to conform to all group riding rules for my own safety and the safety of others _____
4. I understand that riding while using alcohol/drugs that impair ability is strictly forbidden _____



Profile (click the box):

Number of years riding	<1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20 <input type="checkbox"/>
Avg. annual miles (last few years)	<1K <input type="checkbox"/> 1-2K <input type="checkbox"/> 3-5K <input type="checkbox"/> 5-10K <input type="checkbox"/> >10K <input type="checkbox"/>
Maximum one-day mileage limit	<100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> >500 <input type="checkbox"/>
Group riding experience	None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/>
Chapter/Club affiliations (current)	None <input type="checkbox"/> HOG <input type="checkbox"/> AMA <input type="checkbox"/> Other <input type="checkbox"/>
Chapter/Club affiliations (former)	None <input type="checkbox"/> HOG <input type="checkbox"/> AMA <input type="checkbox"/> Other <input type="checkbox"/>



On a scale of 1 to 5 (1 meaning "Not comfortable at all" and 5 meaning "Very Comfortable"), please assess the following (click the box):

Riding off-island	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Riding at night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Riding in the rain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Going on an overnight trip	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



What do you expect from your LIHR membership? (check all that apply)

- Social/Meet people Improve my riding skills New roads/destinations
 Overnighters/Long distance All of the above



Any other comments? _____

-----**For Office Use Only**-----

Reviewed By (1): _____ Reviewed By (2): _____

Comments: _____
