

# Sacramento Road Cruisers

Motorcycle Club

Membership Application

Make check payable to: J. Wyscarver



If mailing, send completed application to: Sacramento Road Cruisers, 8546 Danridge Drive Sacramento CA 95828		Member Number SRC-	
New Application		Renewal	
Address Change Only			
Family: \$30.00 per year		Individual: \$20.00 per year	
Name 1: First M.I. Last		Date of Birth: (year optional): ____/____/____	Wedding Anniversary: ____/____/____
Male Female			
Name 2: First M.I. Last		Date of Birth: (year optional): ____/____/____	
Male Female			
List names and ages of any children:			
Street Address:		Apt. No.:	
City:		State:	Zip:
Home Phone: ( )		Daytime Phone: ( )	Cell Phone: ( )
Name and Phone to contact in emergency: ( )		Your email address(es):	
Motorcycles: (Color/Year/Make/Model)		Other M/C Associations:	Membership #:
1.			
2.			
3.			
Motorcycle Safety Foundation Courses completed:			
Basic Rider Course		Experienced Rider Course	
_____		____/____/____	
#1. Applicant's Signature		Date	
_____		____/____/____	
#2. Applicant's Signature		Date	

**GENERAL RELEASE OF LIABILITY**

**WHEREAS**, I, \_\_\_\_\_ (and) \_\_\_\_\_,  
am about to participate in motorcycle rides, or some other recreational activity, along  
with members of the Sacramento Road Cruisers motorcycle club, at their invitation, from  
time-to-time, and

**WHEREAS**, I agree that motorcycle riding is an activity that carries with it  
certain inherent risks of injury, and

**WHEREAS**, I am doing so on a voluntary basis and entirely upon my own  
initiative, risk, and responsibility;

**NOW, THEREFORE**, in consideration of the invitation and permission  
extended to me by members of the Sacramento Road Cruisers motorcycle club, to  
participate in such rides , or other activity, I, myself, or other heirs, executors, and  
administrators, remise, release, and forever discharge the Sacramento Road Cruisers  
motorcycle club and all of it's officers, agents and club members and their guests, acting  
officially or otherwise, from all claims, demands, actions or causes of action, on account  
of my death, or on account of any injury to me or to my personal property which may  
occur from any cause during the ride or other activity, as well as all pre-ride, post-ride  
and pre-event activities incident to such ride or activity.

\_\_\_\_\_  
(Signature of member 1.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of member 2.)

\_\_\_\_\_  
(Date)



# Emergency Notice

Name \_\_\_\_\_

Address \_\_\_\_\_

City &  
State \_\_\_\_\_

Telephone Numbers (all) \_\_\_\_\_

Insurance \_\_\_\_\_

Health Ins. \_\_\_\_\_

Who to notify

In emergency (relationship) \_\_\_\_\_

\_\_\_\_\_

Are you an organ donor? Yes \_\_\_\_\_ No \_\_\_\_\_

Other instructions in an emergency \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_