

Ducati Users Club of Western Canada
MEMBERSHIP APPLICATION 2017

ENROLMENT FORM AND RELEASE

Name: _____ DOB: _____
Address: _____
City: _____ Prov: _____ Postal: _____
Home Phone: _____ Mobile Phone: _____
E-mail: _____

T-Shirt Size: S M L XL XXL XXXL

Expiration Date: December 31, 2017

I have read the bylaws of the **Ducati Users Club of Western Canada** and agree to abide by them as a member of the club.

I acknowledge that this club is an entity separate from any motorcycle dealership or franchise, or any company owned by or a part of Ducati Motor, s.p.a. or any affiliates and remains a separate entity solely responsible for its actions.

THIS IS A RELEASE - READ BEFORE SIGNING

On behalf of myself, my heirs, successors and assigns, I agree that the **Ducati Users Club of Western Canada**, its officers, directors, employees and members (hereinafter the "RELEASED PARTIES") shall not be liable or responsible for injury or death or damage to my property arising out of any **Ducati Users Club of Western Canada** activities. I understand and agree that all **Ducati Users Club of Western Canada** members and their guests participate voluntarily and at their own risk in all **Ducati Users Club of Western Canada** activities and I assume all risk of injury and damage arising out of the conduct of such activities. I further release, hold harmless, indemnify and will defend the "RELEASED PARTIES" from any suit, claim, cause or action arising out of any injury, death or loss to person or property which may result from my participation in **Ducati Users Club of Western Canada** activities and RIDES. I UNDERSTAND THAT THIS RELEASE INCLUDES MY AGREEMENT NOT TO SUE ANY OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF, DEATH OR DAMAGE TO MY PROPERTY ARISING FROM, OR IN CONNECTION WITH ANY **Ducati Users Club of Western Canada** ACTIVITIES OR EVENTS OR MY TRAVEL TO OR FROM ANY SUCH ACTIVITIES OR EVENTS.

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.

By signing this Release, I certify that I have read this release and fully understand it.

Member Signature: _____

Witness: _____ Date: _____

Dues paid: _____ Date: _____

Return to:

DUCwc

1714 Legacy Circle SE
Calgary AB Canada
T2X 0X9