

# Calvary Riders Motorcycle Ministry

A Ministry of Fellowship for the Motorcycle Enthusiast™

INSTRUCTIONS: ONE NAME PER APPLICATION, COMPLETE THE DOCUMENT IN ITS ENTIRETY, AND PLEASE PRINT CLEARLY

## CRMM MEMBERSHIP APPLICATION

### APPLICANT'S INFORMATION

|                 |                |      |
|-----------------|----------------|------|
| Name:           |                |      |
| Road Name:      | Date of Birth: |      |
| Address:        |                |      |
| City:           | State:         | ZIP: |
| Home Phone:     | Cell Phone:    |      |
| E-mail Address: |                |      |

### APPLICANT'S HISTORY

Are you a Born Again believer in Jesus Christ? Have you accepted Jesus Christ as your personal Lord and Savior and confess that He alone offers us salvation for our sins?  YES  NO

When were you saved?

Do you have the support and recommendation of your church pastor/ministry leader for membership with CRMM?  YES  NO

Name of Pastor/Ministry Leader:

Pastor/Ministry Leader's Phone Number:

Name of Church:

Church Address:

City: State: ZIP:

### THIS BOX TO BE COMPLETED BY YOUR PASTOR / MINISTRY LEADER

We are looking for men and women that are faithfully attending a local church and are of true Christian character and reputation. What can you tell us about this applicant? (Please use the back if you need more space)

Signature of Pastor/Ministry Leader:

## CRMM MEMBERSHIP APPLICATION

### APPLICANT'S OTHER MINISTRY INVOLVEMENT

Are you currently involved in ministry?  YES  NO

Please describe the ministry you are involved in:

Other Motorcycle Group Affiliations or Memberships:

### GIVE US YOUR PERSONAL TESTIMONY

One of the most exciting and interesting ways to share Jesus is to give a personal testimony.  
Your testimony is the basis of your witness. CRMM wants to hear your story.

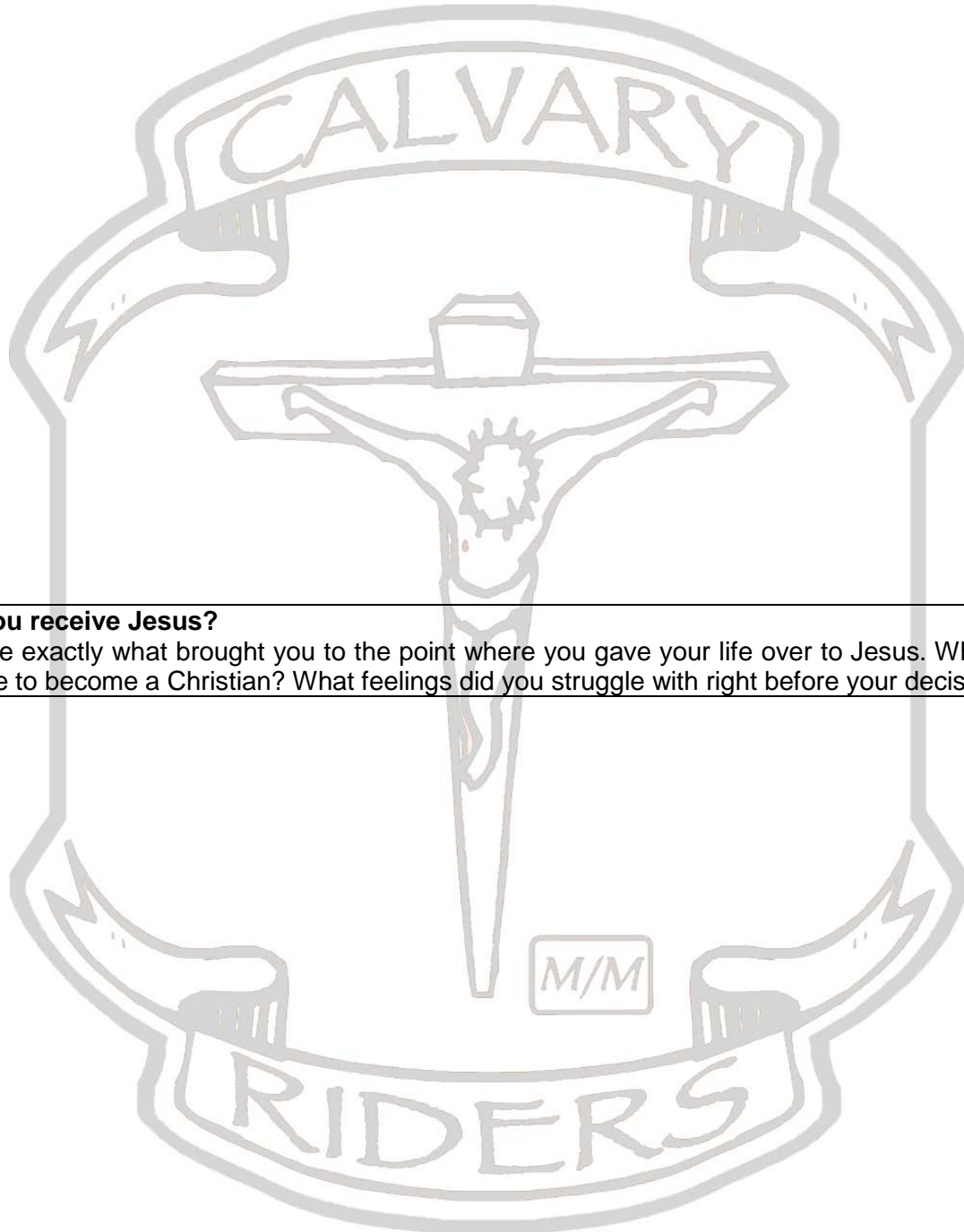
**What was your life like before you trusted Jesus Christ as your personal Lord and Savior?**

Some people have a sudden conversion experience. For others, it can happen over a period of time without a clear pinpointed date. Whichever way your conversion occurred, try and recall here what your life was like before. What were your attitudes, needs and problems? What was your behavior and feelings about life? What did your life revolve around? What was most important to you? Where did you look for security, peace of mind and happiness?

## CRMM MEMBERSHIP APPLICATION

### How did you realize that you needed Jesus?

Include here what made you turn to Jesus. Did you have a need that Jesus met? Were you at the end of your tether and couldn't go on?



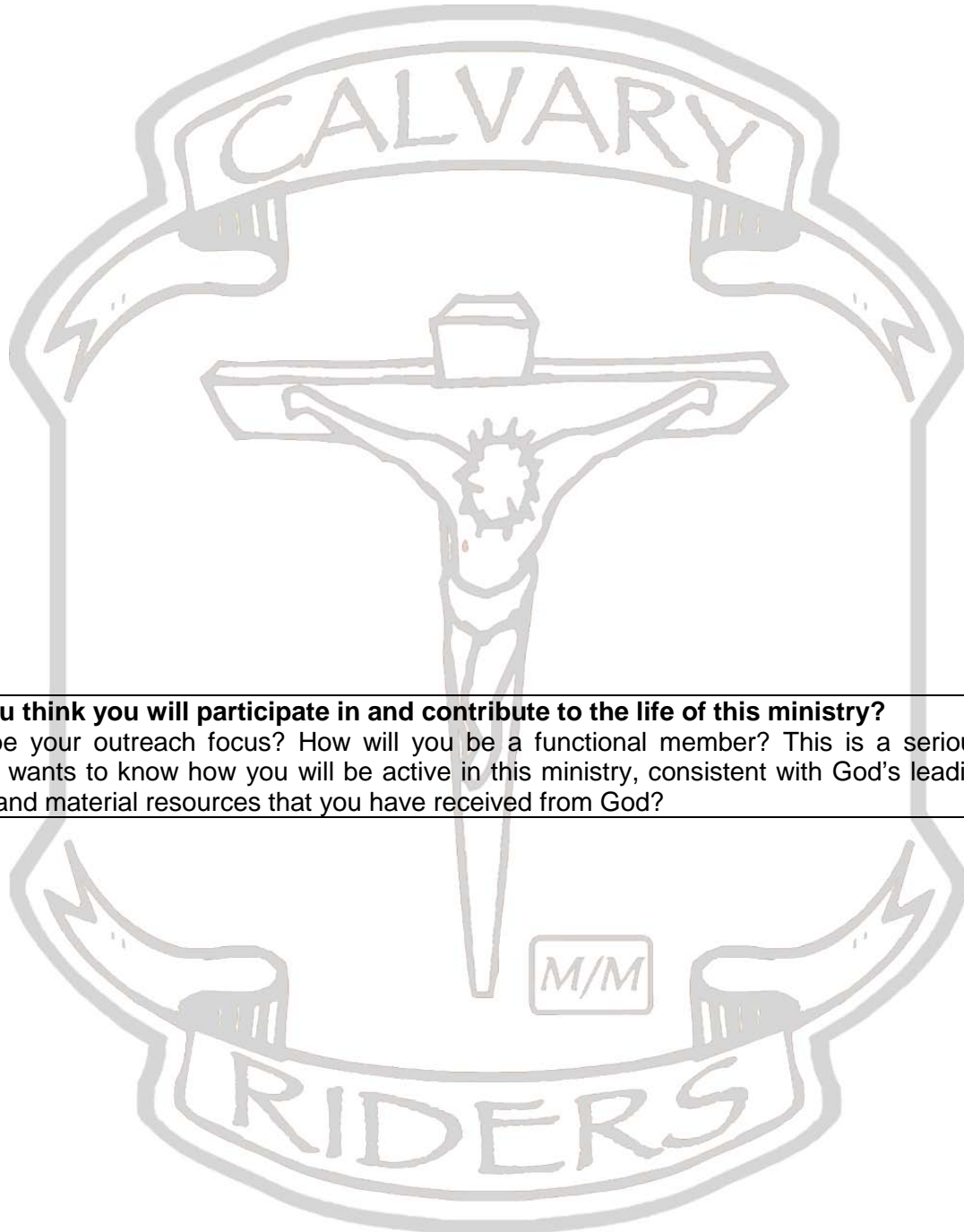
### How did you receive Jesus?

Explain here exactly what brought you to the point where you gave your life over to Jesus. What specific step did you take to become a Christian? What feelings did you struggle with right before your decision?

## CRMM MEMBERSHIP APPLICATION

### What happened after you trusted Christ?

What difference has becoming a Christian made to your life? In your attitudes? In your actions? What are the highlights? Has there been a price to pay in relationships? What does Jesus Christ mean to you now? Based on your experience to date, explain why you would encourage others to become a Christian too.



### How do you think you will participate in and contribute to the life of this ministry?

What will be your outreach focus? How will you be a functional member? This is a serious commitment; CRMM just wants to know how you will be active in this ministry, consistent with God's leading and with the gifts, time, and material resources that you have received from God?

## CRMM MEMBERSHIP APPLICATION

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT

I, the undersigned, understand that the Calvary Riders Motorcycle Ministry (CRMM) is a non-profit ministry operated by volunteers who receive no compensation for their efforts to provide riding, meeting, and social activities, including but not limited to motorcycling, for the benefit and enjoyment of CRMM Members and their guests.

In consideration for the opportunity to enroll and continue as a Member of CRMM, and in consideration of being permitted to ride as a motorcycle driver and/or passenger in and otherwise to participate in the general activities of the CRMM, (hereinafter collectively the "Events"), the undersigned (hereinafter "Releasor") for him/herself, his/her spouse, legal representatives, heirs, and assigns, hereby RELEASES, WAIVES AND DISCHARGES the CRMM, its respective administrators, agents, volunteers, members, employees, sponsors, advertisers, promoters, affiliates, and if applicable owners and lessors of premises on which the Events takes place (hereinafter collectively "Releasees") from all liability to Releasor, his/her spouse, legal representatives, heirs and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasor's person or property, even injury resulting in death of Releasor, if caused by the negligence of Releasees while Releasor is participating as a motorcycle driver and/or passenger in the Events. I understand that the Events generally consist of, but are not necessarily limited to, group motorcycle rides on public highways.

I UNDERSTAND THAT THIS FORM AND RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING. In consideration of the acceptance of my application for entry in the Events, I hereby freely agree to and hereby make the following contractual representations and agreements: I acknowledge that motorcycling is an inherently dangerous activity and fully realize the dangers of motorcycling and FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING, by way of example, and not limitation, the following: the dangers of collision with vehicles, including other motorcycles, pedestrians, and fixed or moving objects, including the pavement; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, THE RELEASEES' OWN NEGLIGENCE, and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with motorcycling.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE THE RELEASEES FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the Events, or travel to or return from the Events. I understand and agree that situations may arise during the Events which may be beyond the immediate control of Releasees, and I must continually act so as to neither endanger myself nor others.

I accept responsibility for the condition and adequacy of my motorcycle, my clothing and my other protective gear. I understand that it is recommended that I wear the following clothing and protective equipment when participating in motorcycling activities: sturdy boots that cover and protect the ankle and leg, leather, padded gloves, pants and jacket constructed of sturdy material, a visibility vest, and a full faced helmet approved by the U.S. Department of Transportation and the Snell Memorial Foundation that can help protect against serious head injury. I assume all responsibility and liability for the selection of such clothing, and protective equipment. I understand that such protective clothing and other devices will not protect against every possible injury that can be incurred while driving a motorcycle; and, in fact, even while using such clothing and protective devices I can still incur serious bodily injury or even die as the result of participating in the Events. I have no physical or medical condition which to my knowledge, would endanger myself or others if I participate in the Events, or would interfere with my ability to participate in the Events. I am not in the habit of becoming under the influence of any substance that might impair my ability to participate in the Events. I agree, for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert any claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence, gross negligence, or recklessness.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that this agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any other provision herein or as a consent to any subsequent waiver or modification. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I represent that I rely wholly on my own judgment in executing this form, that I have had the opportunity to consult with anyone or counsel of my choice before doing so, and that I freely consent to each of the provisions herein.

Signature of Applicant:

Date:

### CONSENT AND RELEASE OF PARENT OR GUARDIAN IF APPLICANT UNDER THE AGE OF 18

I am the parent or guardian of the above minor applicant (hereinafter my "Child"). My Child is fit to participate in the Events, and I consent to my Child's participation. I HAVE READ AND I UNDERSTAND RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT. In consideration of allowing my Child to participate in the Events, I consent to it and agree that ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD, my heirs, legal representatives, and assignees. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY that I or my Child may allege against the Releasees (including reasonable attorney's fees or costs) as a direct or indirect result of injury to me or my Child because of my Child's participation in the Event WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or others. I PROMISE NOT TO SUE RELEASEES on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the Events.

Signature of Parent/Legal Guardian:

Date:

## CRMM MEMBERSHIP APPLICATION

### APPLICANT'S MEMBERSHIP INTEREST

Solo Saint – Also known as a “Member-At-Large” or “Nomad.”

Chapter Member

\_\_\_\_\_  
Name of Chapter you are joining:

\_\_\_\_\_  
Signature of Chapter Elder

Chapter Elder

ATTENTION: Applicants applying for Chapter Elder membership will need to ensure that an Elder Questionnaire Form is completed and returned to CRMM to complete the Chapter Elder application process. Chapter Elder applications will not be processed until the Elder Questionnaire Form has been received.

Applicants requesting to form a new chapter will need to complete a Chapter Petition Application along with a Chapter Agreement to complete the petitioning process.

If this is a Co-eldership application for an existing chapter, what is the name of the chapter?

\_\_\_\_\_  
Existing chapter name

\_\_\_\_\_  
Signature of current Chapter Elder(s)

I, the undersigned, being a Born Again believer in Jesus Christ, have read, understand, and agree with Calvary Riders Motorcycle Ministry's vision, mission, purpose, beliefs, values, and goals.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

ATTENTION: You may purchase membership patches through the online store after your application is received by the National Administrator. You will be contacted by a representative once your application is received. We also request that you please not send any payments for patches with this application. Thank you.

Please return completed Membership Application to:

CRMM  
32 Turtledove Circle  
Hemingway, SC 29554