



**Membership
Application/Renewal 2012**

Name _____

Address:

Street _____

City, State Zip _____

Phone _____ E-mail(required) _____

Sex Male Female Age _____ Birthday _____ Years riding _____

Motorcycle(s) owned – list all

Emergency Contact Information:

Name _____ Relationship _____

Home phone _____ Mobile phone _____

By signing below I am indicating that I have read the club bylaws and agree to abide by them;

and that;

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 Rombo Rosso Ducati Owners Club(hereinafter the "**Club**"), 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 Club activities. I understand and agree that all Club members and their guests participate voluntarily and at their own risk in all Club 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 Club 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 CLUB 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.

Signature _____

Annual Dues: **\$30** for primary membership.
\$15 for each additional family member (additional family members must live in the same household with primary member and each **must** fill out and sign an application).

Name and membership number of primary member(only if applying for family membership):

Primary member name: _____ Membership number: _____

Mail to: **Rombo Rosso D.O.C., P.O. Box 284, Millersville, PA 17551**

For Club Use Only: Membership # _____ Date Joined _____

\$30 Primary Member

\$15 Family Member

www.RomboRossoDOC.com