

American Legion & the American Legion Riders Waiver and Release from Liability Form

I, _____ Hereby waive and release, indemnify, hold harmless and forever discharge the American Legion, Department of Oregon, American Legion Riders Chapter of a sponsoring American Legion Post and employees, officers, volunteer and agents, of Department and Chapter from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities of all kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by or on the premise of or for the benefits of Department, Post or Chapter.

I understand that the activities that I will participate in may be inherently dangerous and may cause harm or grievous injuries including bodily injury, damage to personal property and/or death. By my signature on this document, I assume all responsibility for personal injury, death or damaged property that may occur while I am participating in any activity associated with an affiliated club or organization of Department or Chapter. On behalf of myself and legal heirs, assigns and next of kin, I waive all claims for damages, injuries or death sustained by me or my property that may have against the aforementioned released party. I sign this document on my own accord and not under duress or threat of duress, without inducement or harassment.

I certify that I am at least 18 years of age and am legally authorized to sign this waiver on my own behalf. I also understand that by signing this waiver I relinquish any right or future right to seek damages, either direct or consequential against Department and Chapter for my participation in the activities herein described.

I agree that is Waiver and Release shall be construed pursuant to the laws of the State of Oregon and that the venue for any legal proceeding shall be in Yamhill County, Oregon

Printed Name _____

Rider Signature _____

Witness by _____

Witness Signature _____

Date _____