



EMS WHITE KNIGHTS AUSTRALIA MEMBERSHIP APPLICATION FORM



The EMS White Knights Australia Motorcycle Club is made up of current and former Doctors, Paramedics, Nurses, Ambulance Officers and Health Service Providers with relevant Diploma or Degree or Certificate IV or above, as well as currently qualified First aiders with CPR training.

By joining the EMS White Knights you become a member of a group of people who are dedicated to the safety of motorcycle riding on all roads and at all times. As a member, you will gain the benefits of being part of a family of Knights in Australia and around the world, including Blue Knights, Red Knights and Orange Knights. You will meet and make new friends that have the same passion for riding as you do. You will be treated with kindness, respect and as the professional that you present yourself to be.

There is no minimum number of rides or hours per year that you have to put in in order to be a member in good standing, just do what you can.

To be completed by the Applicant:

To avoid errors reading hand-written applications, please complete these forms electronically before printing

Name:			
Street:		State:	
Suburb:		Post Code:	
E-mail:			
Phone:		Bike/s Rego:	

Eligibility (place an X in relevant box)			
	Doctor		Paramedic
	Nurse		Ambulance Officer
	Health Service Provider with qualifications (ie. psychologist/physio)		First Aid Training with current CPR qualification

- ☐ I meet the eligibility criteria as defined in the Applications Instructions.
- ☐ I own a motorcycle or I plan to own one within 6 months, and I am licensed to ride on public roads.
- ☐ I agree that all patches, crests and imagery issued or sold to me by the EMS White Knights may only be used to represent myself as a member of the EMS White Knights Organisation while my membership remains current and financially paid.
- ☐ I agree that if I choose to no longer be an EMS White Knights member, or if I am advised that I am no longer eligible to be an EMS White Knights member, I will not display such patches, crests and imagery to portray myself as an EMS White Knight.
- ☐ I agree to show respect and compassion for others while representing the EMS White Knights.

Signature: _____

Date: _____

I am joining for:

- ☐ 1 year (\$35) ☐ 2 years (\$60) ☐ 3 years (\$85)
- ☐ I would like to purchase a 9" wide Back Patch exclusive to White Knights Members (\$30).



EMS WHITE KNIGHTS AUSTRALIA RELEASE FORM



Name:			
Street:		Suburb:	
State:		Post Code:	

I recognise that while this Chapter is chartered with White Knights International Association it remains a separate, independent entity solely responsible for its actions.

THIS IS A 'RELEASE', PLEASE READ BEFORE SIGNING

I agree that the White Knights Emergency Medical Services Motorcycle Club, my chapter and their respective Officers, Presidents, Directors, Employees and Agents (hereinafter, the **'RELEASED PARTIES'**) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any White Knights activities and resulting from acts or omissions occurring during the performance of the duties of the RELEASED PARTIES, even when damage or injury is caused by negligence (except wilful neglect). I understand and agree that all White Knights members and their guests participate voluntarily and at their own risk in all White Knights activities and I assume all risks of injury and damage arising out of the conduct of such activities. I release and hold the **'RELEASED PARTIES'** released from liability for injury to my person or property which may result from my participation in White Knights activities and event(s)

I understand that this means that I agree not to sue the **'RELEASED PARTIES'** for any injury or resulting damage to myself or my property arising from, or in connection with, the performance of their chapter duties in sponsoring, planning or conducting White Knights event(s).

By signing this 'RELEASE', I certify that I have read and fully understand it and that I am not relying on any statements or representations made by the **'RELEASED PARTIES'**.

I have included in my application photocopies of:

- a) Current Drivers Licence showing motorcycle licence
- b) Qualifications must be current for length of membership (1st Aid/CPR yearly competency required)

Signature: _____

Name of Witness: _____

Signature of Witness: _____

Date: _____