

## Individual, Family and/or Day Pass Use

### Rocky Motorcycle Club Waiver and Use Agreement April 1, 2019- March 31, 2020

Please read and sign the following waiver agreement. By signing this you will be giving up certain rights, including the right to sue. No one may participate in the activities of the Rocky Motorcycle Club without signing this waiver agreement. Where the word "the club" appears in this agreement, it shall include the Club's board, Board members, officers, employees, volunteers, agents and anyone acting on behalf of the club.

Participant: (Clearly print all member names)

I/ WE: \_\_\_\_\_

Wish to participate in the activities of the club.

Legal Guardian/ parent (s): Clearly Print Name(s)- Both parent(s) MUST sign where applicable.

I/ WE \_\_\_\_\_, the legal guardian(s)/parent(s) of \_\_\_\_\_ give permission for this minor to participate in club activities. I/We understand that participating in club activities may include inherent risks, dangers and hazards including but not limited to: motor vehicle accidents causing serious injury, death or dismemberment. Accidents causing injuries because of natural or unnatural hazards on the lands on which the activity occurs. I/We personally accept these listed and unlisted risks to ourselves or to the named minor. I/We agree to waive all claims that I/We may have in the future against the Club and/or the County for any injury, property damage, financial loss, or any other loss that may result in direct or indirect participation in Club activities. This includes negligence on the part of the Club.

This agreement and Assumption of risk has been signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2019/2020.  
(valid April 1, 2019 to March 31, 2020)

Participants/ Minor Signature: \_\_\_\_\_

Legal Guardian(s)/ Parent(s) Signature: \_\_\_\_\_

Witness to Signatures: \_\_\_\_\_

#### Member(s) Information: MUST PRINT CLEARLY AND FILL OUT IN FULL!

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Membership fees (April 1- September 30): Single \$100 \_\_\_\_\_ Family \$200 \_\_\_\_\_

Day Pass (races and specialty dates only) \$40 \_\_\_\_\_

Winter (October 1 -March 31): Single \$50 \_\_\_\_\_ Family \$100 \_\_\_\_\_

I/ WE hereby acknowledge receipt of the club/ riding area rules and will abide by these said rules or my membership(s) can be revoked as a result. A fee of \$100 will be charged for lost track keys.

Member(s) Signature \_\_\_\_\_

#### OFFICE USE:

Membership Total Paid: \_\_\_\_\_ Paid By: Cash \_\_\_\_\_ Cheque #: \_\_\_\_\_ Volunteer earned: \_\_\_\_\_

Receipt/ Sticker Issued: \_\_\_\_\_ Key #: \_\_\_\_\_ (April-September Single or Family memberships only!!)

Administrator/Registration Volunteer Name (Please Print Clearly):  
\_\_\_\_\_