

# Individual, Family and/or Day Pass Use

## Rocky Motorcycle Club Waiver and Use Agreement April 1, 2021 - March 31, 2022

Please read and sign the following waiver agreement.

Participant(s) listed on this form wish to participate in the activities of the club. By signing this you will be giving up certain rights, including the right to sue. No one may participate in the activities 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.

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 \$75 will be charged for lost track keys. INITIALS: \_\_\_\_\_

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

I/ WE \_\_\_\_\_, the legal guardian(s)/parent(s) of the following participants listed, 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 minors. 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 \_\_\_\_\_, 2021/2022. (Valid April 1, 2021 to March 31, 2022)

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

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

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

Member Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Age: \_\_\_\_\_

Minor(s) age: (In order) \_\_\_\_\_

Phone Number: \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

Membership fees (April 1- August 31): Single \$100 \_\_\_\_\_ Family \$200 \_\_\_\_\_

Day Pass (races and specialty dates only) \$25 \_\_\_\_\_

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

### OFFICE USE:

Membership Total Paid: \_\_\_\_\_ Paid By: Cash \_\_\_\_\_ Debit\Credit Card: \_\_\_\_\_ (if square available)

Volunteer earned: \_\_\_\_\_ Business Cheques accepted only Chq#: \_\_\_\_\_

Receipt/ License Issued: \_\_\_\_\_ Key #: \_\_\_\_\_

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