

Individual, Family and/or Day Pass Use

Rocky Motorcycle Club Waiver and Use Agreement April 1, 2018- March 31, 2019

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 _____, 2018/2019. (valid April 1, 2018 to March 31, 2019)

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): _____