

# Southeast Vintage Motocross Membership Application

Office Use Only: Date: Rec'd: _____ #Issued: _____
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Please make checks payable to: **Southeast Vintage Motocross Club (SEVMX)**

Check <u>Appropriate</u> Box: <input type="checkbox"/> Adult <input type="checkbox"/> Youth Check <u>Appropriate</u> Box: <input type="checkbox"/> New <input type="checkbox"/> Renewal	<b>Check Class(s) and ability level you intend on racing this season:</b>  <b>Class:   Vintage [ ] Evolution [ ] Modern [ ]</b>  <b>Ability Level:   Novice [ ] Intermediate [ ] Expert [ ]</b>  <b>Volunteer interest:   Flagging [ ] Scoring [ ] Registration [ ]</b>  <b>2017 Riding Number: _____</b>
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NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>FIRST</span> <span>LAST</span> </div>	DATE OF BIRTH ___/___/___ AGE: ___
ADDRESS: _____	
CITY: _____	STATE: _____
PHONE: (____) _____ - _____	CELL PHONE: (____) _____ - _____
EMAIL ADDRESS: _____@_____	

**Membership Fees**

Annual Membership \$40  
 One day membership is \$10

**Yearly membership fee must accompany this application, DO NOT SEND CASH IN THE MAIL**

*Mail To:*  
**SEVMX : Attention Mark Thompson**  
**209 Bridle Ridge Rd. Gadsden, AL 35901**

**RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage, or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others. Applicant hereby releases, discharges, and agrees to hold harmless and indemnify Southeast Vintage Motocross Club, Inc., sponsoring clubs, and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their benefit from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicants property or applicants family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

NOTICE: If under 18 years of age, this application must be accompanied with a "Release and Waiver of Liability Agreement" bearing the notarized signature of parent or guardian which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Sign here to indicate that you have completely read this application:

\_\_\_\_\_ (Riders Signature)

\_\_\_\_\_ (Parent Signature)

# **Southeast Vintage Motocross Membership Application**

## **Emergency Information**

**Rider Full Name:** \_\_\_\_\_

**Rider date of birth:** \_\_\_/\_\_\_/\_\_\_

**Contact in case of emergency:** \_\_\_\_\_

**Relationship to rider:** \_\_\_\_\_

**Contacts phone #:** \_\_\_ - \_\_\_ - \_\_\_

**Alt Phone #:** \_\_\_ - \_\_\_ - \_\_\_

**Rider allergies: (medication, foods, etc):** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Foreign objects rider may have in body (braces, dentures, steel rods, etc) :** \_\_\_\_\_

\_\_\_\_\_

**Blood Type:** \_\_\_\_\_

**Medical Alerts (If applicable):** \_\_\_\_\_

## **RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT**

*I will not hold Southeast Vintage Motocross Club (SEVMX), sponsors, officers or any member, nor the race facility responsible for any injury, death, loss and/or theft or property damage which may occur in connection with, or as a result of any Southeast Vintage Motocross Club activity or event. I will be completely responsible for myself and any minor under the age of 18 whom I bring or allow to participate in a Southeast Vintage Motocross Club event or other activity. I'm also responsible for all members of my pit area. This statement also pertains to travel to and from Southeast Vintage Motocross Club functions.*

**Sign here to indicate that you have completely read this application:**

\_\_\_\_\_ (Riders Signature)

\_\_\_\_\_ (Parent Signature)