

# Southern Enduro Riders Association Membership Application

Please Check One  
New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Life \_\_\_\_\_ Spouse \_\_\_\_\_

**Please Print**

SERA # \_\_\_\_\_ AMA # \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

Work Phone (        ) \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Helmet Size: Adult \_\_\_\_\_ Youth/Child \_\_\_\_\_

## **Please Read Carefully and Sign Signifying Complete Understanding**

I hereby agree to abide by and be governed by the Rules for Competition set forth by the Competition Congress of the American Motorcycle Association, Inc. I also agree to abide by and be governed by the Supplemental Rules set forth by the Club Council of the Southern Enduro Riders Association. I understand that refusal to abide by and be governed by the above listed policies will result in immediate disqualification for any SERA event and possible permanent disqualification from all SERA events that will be sponsored in the future. I agree to hold completely blameless the AMA, the SERA, the sponsoring clubs, or any members or officers thereof for any losses or injuries (including death) that may occur as a result of my participation in a SERA event. I also agree to hold blameless the owners of the properties that I may cross during the course of any SERA event for any losses or injuries (Including death).

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Rider** **Date**

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## **FOR ALL RIDERS UNDER 21 YEARS OLD**

Being the legal Parent and/or Guardian of the above named minor, I do hereby approve of and agree to the minor's participation in SERA events. I agree to release clause listed on the page completely and without reservations.

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Parent or Guardian** **Date**

Appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
I do hereby certify that the signee understands and fully accepts the document completely.

\_\_\_\_\_/\_\_\_\_\_  
Notary Signature (Seal) Date

Make checks payable to: SERA

Mail to: SERA  
Debbie Rudder  
155 Kaye Dr.  
Madison, MS 39110

If mailed or given direct to SERA: \$25.00  
If joining at event: \$30.00