

Associate Associate

Series Membership

Membership fee \$15.00 per person. **An associate membership entitles you to a vote for RIDER REPS AND TRACK OF THE YEAR at the following annual banquet.** Checks should be made payable to "NYOA" and sent with your completed application to: NYOA P.O. Box 1190, vestal, NY 13851.

No mailed applications accepted after April 15.

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

BIRTHDATE: ____ - ____ - ____ M/F: _____ PHONE NUMBER: ____ - ____ - ____

E-MAIL ADDRESS: _____ to be used for NYOA communication and shared with contingency programs.

I hereby release and agree to hold harmless the American Motorcycle Association, American All Terrain Vehicle Association, Western New York Off-Road Association, the promoters, the owners: leases of the premises, the participants, and the officers, directors, representatives, agents and employees of all of them, of any form of liability, loss, claims and demands that may occur from any loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with any WNYOA event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in any WNYOA event, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risks for loss, damage or injury (including death) to myself and my property from any cause whatsoever. I have read and understand the above release from liability. Also, by signing this application, I agree to hold myself and my family accountable to the 2019 Sportsmanship Pledge, and all other WNYOA sanctioned rules available in the rule book. I understand this is a family event.

Signature: _____ Date: _____

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