

SEASON GATE
PASS



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SEASON PASS fee \$155.00 per set. SEASON PASS's are redeemable for gate only. PASSES are redeemed 1 pass for 1 gate entry. PASSES are non-refundable and can not be redeemed for cash.

Checks should be made payable to "WNYOA" and sent with your completed application to: WNYOA P.O. Box 782, Cortland, NY 13045. No mailed applications accepted after April 15. Please include a self-addressed, stamped envelope with this application.

FIRST NAME: _____

LAST NAME: _____ **M.I.:** _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: ____ - ____ - _____

E-MAIL ADDRESS: _____

E-Mail to be used for NYOA communication

SEASON PASSES Numbers Beginning _____ **Ending** _____

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/NYOA 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/NYOA 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 Sportsmanship Pledge, and all other WNYOA/NYOA sanctioned rules available in the rule book. I understand this is a family event.

Signature: _____ **Date:** _____

Please include a self-addressed, stamped envelope with this application.