## Southern Enduro Riders Association Membership Application

	Please check one:	New Member	RenewalLife_	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 Participant

# 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/Guardian

Appeared before me or	n thisday	of	, 20	
I do hereby certify that t	the signee understand	s and fully accept	ts the document comp	oletely.

Notary Signature (Seal)

Date

Date

Date