

# **SOUTH OF THE OZARKS** **MOTOCROSS** S O T O M O T O X



Office Use Only
Member # _____
Date Issued _____

## **Membership Application (Minor)**

This membership is valid until December 31<sup>st</sup>, \_\_\_\_\_.

Please print clearly (*\*Incomplete applications will be declined*)

Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Cell  Home  E-mail \_\_\_\_\_

AMA Member  yes AMA# \_\_\_\_\_ AMA Exp. Date \_\_\_\_\_

Bike Brand \_\_\_\_\_ Bike Size (CC's) \_\_\_\_\_ Bike # \_\_\_\_\_

### **Parent / Legal Guardian Information:**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell  Home

Big Bike A  B  C  50cc  65cc  85cc  Quad A  B  C  Mini

*Classification: (A Expert) (B Intermediate) (C Novice/Beginner)*

### **Minor Membership Release and Indemnity Agreement**

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against South of the Ozarks Motocross, Inc., American Motorcycle Association, and their respected district organizations, the promoters, sponsors, and all other persons, participants or organizations conducting or connected with any event or practice for injury to property or person I may suffer, including crippling injury or death while participating in any event or practice and while upon the premises.

I know the risk of danger to myself and my property, while preparing for and participating in the event or practice and while upon the premises, and relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with any event or practice for damages incurred as a result of my negligence. I have discussed the event or practice that I wish to participate in with my parents or legal guardians and they have explained to me the possibility of my being injured. I understand what they have explained to me, and I know that I could be injured, possibly severe or even worse.

I am willing to assume the responsibility of this in order to be a participant in the event or practice that I wish to participate in. I also agree that, at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from the event or practice, and will do so of my own free will. I know that I am not giving up any of my rights and that it is OK for me to participate.

**I HAVE FULLY READ OR HAVE BEEN READ THE ABOVE ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS, AND HAVE SIGNED IT VOLUNTARILY.**

Signature of Applicant (Minor) \_\_\_\_\_ Date \_\_\_\_\_

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