



**OUT-OF-TOWN MEMBERSHIP
ENROLLMENT 2021**
If mailing application, send to:
 Last Chance Riders Association, Inc.
 P.O. Box 711
 Helena, Montana 59624

Active: ___ Single (\$150 + 20hrs) ___ Family (\$225 + 40hrs)
 Non-Active: ___ Single (\$300 + 0hrs) ___ Family (\$450 + 0hrs) (Check One)

NAME: (PRINT) _____
(LAST) (FIRST) (MI)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

TELEPHONE: _____ ALTERNATE: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

MEMBERS BIKE NUMBER: _____ DISTANCE FROM HELENA: _____

Family Member(s) Name	Bike Number	Age

MEMBERSHIP AGREEMENT AND SIGNATURE

In accordance with any conditions noted herein, the undersigned acknowledges and agrees to the following:
 The use of any Last Chance Riders Association, Incorporated (hereinafter referred to as the "Club") property is a privilege of Club Members and is subject to the Club Member's compliance with all applicable conditions and requirements of the Club and Club Membership, including but not limited to the Club's Bylaws and all Club safety rules, requirements and instructions that may be adopted from time to time.

I understand that my active membership agreement requires me to work at least 20 hours per year if I chose single or 40 hours a year if I chose family. Initial: _____

I understand that I may only bring a guest rider 5 times per year and must make arrangements beforehand with the proper paperwork. Failure to do so may result in the loss of my membership. Initial: _____

I UNDERSTAND THAT MY CLUB MEMBERSHIP IS SUBJECT TO READING AND SIGNING THE ACKNOWLEDGEMENT, RELEASE AND WAIVER OF LIABILITY SET FORTH ON THE FOLLOWING PAGES AND THAT MY CLUB MEMBERSHIP WILL NOT BE VALID OR ACTIVE UNTIL AND UNLESS I HAVE READ, SIGNED AND RETURNED THE ACKNOWLEDGEMENT, RELEASE AND WAIVER OF LIABILITY TO THE CLUB.

THE UNDERSIGNED CERTIFIES, THROUGH HIS/HER SIGNATURE, THAT HE/SHE HAS READ AND AGREES TO THE TERMS AND CONDITIONS IN THIS FORM AND THAT THE INFORMATION PROVIDED BY HIS/HER HAND IS, TO THE BEST OF HIS/HER KNOWLEDGE, TRUE, ACCURATE AND COMPLETE.

SIGNATURE: _____ DATE: _____
 (If under 18 years of age: Parent or Legal Guardian)

ACKNOWLEDGMENT, RELEASE AND WAIVER OF LIABILITY

Last Chance Riders Association

In consideration of being permitted to participate in or attend any event, race or other activity promoted, offered or conducted by Last Chance Riders Association, a Montana nonprofit corporation ("Association"), including but not limited to being permitted to enter or use any of the Association's property and facilities located at 4592 York Road, Helena, Montana ("Facilities"), the undersigned, for himself/herself (or if a minor, for such minor), and for his/her (or such minor's) personal representatives, heirs, successors and assigns, hereby acknowledges and agrees that:

THE ASSOCIATION'S EVENTS, races and other activities, including but not limited to all motocross, motorcycle and other off-road racing, training, riding and other activities conducted at the Association's Facilities ("Activities") are a "sport or recreational opportunity," as defined in the Montana Recreation Responsibility Act, Sections 27-1-751 through 27-1-754, Montana Code Annotated;

THE ACTIVITIES, including but not limited to motocross, motorcycle and other off-road racing, training, riding and related activities are inherently dangerous activities and involve the risk of serious injury, death and property damage. Such risks may include, but are not limited to, those caused by terrain, surface or subsurface conditions, crevices, ravines, slopes, poor visibility, natural hazards, temperature, weather, equipment, facilities, vehicular traffic, motorized machines, mechanical failure, speed, collision, lack of hydration, physical and mental limits, conditions and actions of the undersigned and others, including but not limited to participants, volunteers, spectators, coaches, event officials and monitors, and event promoters;

THE UNDERSIGNED ASSUMES the inherent risks in the Activities, including but not limited to all motocross, motorcycle and other off-road racing, training, riding and other activities, whether known or unknown, and is legally responsible for all injury and death to the undersigned person and for all damage to the undersigned person's property that result from such inherent risks. The Association is not required to eliminate, alter or control such inherent risks;

THE UNDERSIGNED HEREBY WAIVES AND RELEASES the Association, its directors, officers, employees, volunteers, event holders, sponsors, officials and organizers, agents, representatives, successors and assigns from any and all liability and responsibility for damages or injuries resulting from conduct that constitutes ordinary negligence or for risks that are inherent in the Activities;

THE ASSOCIATION expressly disclaims any express or implied warranties of safety, fitness for purpose intended, or otherwise relating to the Activities or the Association's property;

THE UNDERSIGNED will indemnify and hold the Association harmless for any loss, liability, damage, expense or cost incurred arising out of or relating in any manner to attendance at or participation in the Activities;

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ACKNOWLEDGMENT, RELEASE AND WAIVER OF LIABILITY

Last Chance Riders Association

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THE UNDERSIGNED has been informed of and is responsible to comply with all Association safety rules, requirements and instructions.

THIS WAIVER AND RELEASE of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED has read and agrees to all of the foregoing statements and understands that attendance at and participation in Association Activities is subject to all of the foregoing acknowledgments and agreements.

CAUTION: BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE RELEASED PARTIES LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE RELEASED PARTIES' ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE RELEASED PARTIES' FAILURE TO EXERCISE REASONABLE CARE.

DATED this _____ day of _____, 20____

Name: _____
(Please Print)

Address: _____

City/St. Zip: _____

Signature: _____
(If under 18, signed by parent or legal guardian)

Board Member Signature: _____