

Membership Application for KUNA TRAIL RIDERS

PO Box 206, Kuna ID 83634

My / Our Application:

- New Membership
- Yearly Renewal (January 01 - December 31)
- Update (Change address, phone, email, etc.)

Type of Membership / Dues:

- Individual - \$20 per year (18+ years)
- Spouse / Family \$30 per year
- Sponsor / Business - \$60 per year (1 year from date of payment)

Membership Information:

Name: _____ Spouse Name: _____

Address, City, State, Zip: _____

Member Cell Phone: _____ Spouse Cell Phone: _____

Primary Email: _____ 2nd Email: _____

Yes, please send all correspondence to the above email address: No, do not send me email.

Sponsor / Business / Exempt Information:

Sponsor / Business Name: _____ Sponsor Contact Name: _____

Sponsor Job Title _____

Business Street or Post Office Box, City, State, Zip: _____

Primary Email: _____ 2nd Email: _____

Yes, please send all correspondence to the above email address: No, do not send me email.



Release of Liability Statement:

I/We acknowledge that participating in ATV riding is an inherently hazardous activity that carries the potential for serious personal injury or death. I/We willingly accept the inherent risks associated with group ATV riding, including but not limited to obstacles on and off roads and trails, unpredictable weather conditions, limited visibility, variations in slope and steepness on and off trails, surface or subsurface conditions on and off trails and roads, collisions with other ATVs (including other riders), and collisions with trail and road boundary markers.

In consideration of my/our involvement in the events and rides organized by the club members of The Idaho State ATV Association, Inc., I/We hereby release and hold harmless The Idaho State ATV Association, Inc., and/or area clubs, along with their officers, directors, committees, employees, and agents, from any and all claims.

I/We have thoroughly reviewed this agreement and the release of liability and comprehend its contents entirely. I/We understand that this release of liability constitutes a legally binding contract between the area club and myself/us, and I/We affix our signatures to this document voluntarily.

My/Our signature affirms that I/We have read and agree to the terms of this release.

Signature:	Spouse Signature:	Date:
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For KTR Use Only			
Date Received:	Check #:	Cash / Amount:	Receipt #:
Membership Card Issued	Date Card Issued:	Membership #:	