

**UpState Motocross LLC
WNYMA, Inc
2025 Membership Form**

Mail to: Shelayne Wise
9502 County Route 9
Cohocton, NY 14826

Fee: Before April 1st: \$25, (\$15 each additional family member under 18)

After April 1st: \$30, (\$20 each additional family member under 18)

Please check: ☐ New Member
☐ Renewal

2023 ID #: _____

Name: _____

DOB: _____

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Phone# _____

Email Address: _____

Make/Model of Machine: _____ Engine Size: _____ Bike or Quad (circle)

Rider #: _____ *If not a member in 2024 list 3 choices:* _____

*****RIDER ABILITY LEVEL (MUST Circle One)*****

Youth(50-100cc) Beginner Novice Amateur Expert

I hereby release waive discharge and agree to hold harmless the UpState Motocross, LLC, and WNYMA INC, the promoters, track operators, track owners and lessees of the premises, sanctioning organization or any subdivision thereof, sponsors, advertisers, the participants, and the officers, directors, officials, representatives, agents and employees of all of them (hereinafter "Releasees"), of and from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss, damages and any claim or demands on account of injury to the person or property or resulting in the death of the undersigned whether caused by the negligence of the Releasees or otherwise while the undersigned is in or upon any restricted area, and/or, competing, officiating in, observing, working for, or for any purpose participating in the motocross event.

Rider's Signature: _____ Date: _____

IMPORTANT

If you are under 18 years of age, please have the following completed and notarized.

As parent or legal guardian of _____, whose birth date is _____, I hereby give my permission for him/her to participate in WNYMA Inc, and UpState Motocross LLC racing activities during the 2024 season, and to assume all responsibility for any injuries or damages which may be sustained by him/her as a result of his/her participation in the aforementioned event.

Mother's signature _____

Subscribed and sworn to me this _____

Day of _____, 20_____

Father's Signature _____

Notary Public; My commission expires: