

DMC MOTORSPORTS, INC. - 2011 MOTOCROSS MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____ MI: _____

Address _____ City _____ State/Province _____ Zip _____

Age (as of January 1, 2011): _____ Date of Birth: _____

E-Mail Address: _____ Phone Number: _(_____)_____

Rider Number (1st Choice): _____ (2nd Choice): _____ **BIKE** **QUAD**
(Rider Numbers held until March 15th)

Intended Class(es): _____

Emergency Contact: _____ Phone Number: _(_____)_____

2011 Membership Fee (per rider): **\$55.00 until March 15th, \$65.00 after March 15th**. Fee must be included with application.

RELEASE AND INDEMNITY AGREEMENT

I, (we) for myself, my heirs and assigns do hereby give up **ALL** my rights to sue or make claims of any kind whatsoever against DMC Motorsports Inc., their agents, their employees, their sponsors, manufacturers and suppliers of any and all equipment and supplies and of any and all other persons, participants or organizations conducting or connected with DMC Motorsports Inc. events for any injury to person or property I may suffer, including crippling injury or death, whether such injury arises while I am preparing for competition, participating in an event, or while I am upon any event premises.

I (we) understand racing can be dangerous and I know the risks to myself and my property while participating in racing events and while upon event premises. I am relying upon my own judgment and ability, I am assuming all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with sanctioned events for damages incurred as a result of my negligence.

I (we) agree that DMC Motorsports, Inc. or its assigns may non-exclusively use my name and pictures taken at a sanctioned event for any purpose in any media.

I (we) assume all responsibility for any and all taxes (if any) on any funds I receive as a result of my competitive activities.

I (we) understand and agree that this membership **DOES NOT PROVIDE ME WITH ANY INSURANCE OF ANY KIND WHATSOEVER** and I understand and agree that it is **EXTREMELY** important that I HAVE MY OWN MEDICAL INSURANCE COVERAGE.

I (we) have read, understand and agree with all of the "Rules and Driver Information" of DMC Motorsports, Inc. "Rules and Driver Information" available at www.dmcmotorsports.com or upon request.

I (we) hereby make oath and say that to the best of our knowledge and belief all statements set forth in this Motocross Membership Application are true and correct.

I (WE) HAVE COMPLETELY READ AND UNDERSTAND THIS APPLICATION and RELEASE AND INDEMNITY AGREEMENT.

Applicant Signature (required)

Date

Parent or Legal Guardian (REQUIRED IF APPLICANT IS UNDER THE AGE OF 18) Date

**Return this application and membership fee to:
DMC Motorsports, Inc.
26896 County Road 10 – Badger, MN 56714**

FOR OFFICE USE ONLY:

Date Application Received:

Membership Fee Paid:

Rider Number Issued:
