Please make checks payable to: **Sunshine State Vintage Motocross Club, Inc. (SSVMX)**

Check Appropriate

Box:

[ ] Adult

[ ] **Youth**

Check Appropriate

Box:

[ ] New

[ ] Renewal

**Check Class(s) you intend on racing this season:**

{ } Vintage { } Post-vintage { } Modern

**Ability Level:**

**Beginner [ ] Novice [ ] Intermediate [ ] Expert [ ]**

Office Use Only:

Date: Rec’d:\_\_\_\_\_\_\_

#Issued: \_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_/\_\_/\_\_\_\_AGE:\_\_\_

FIRST LAST

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

PHONE: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_ CELL PHONE: (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Fees**

Check Appropriate Box:

[ ] Annual Membership $40

[ ] Day membership $10

***Yearly membership fee must accompany this application***

***DO NOT SEND CASH IN THE MAIL***

***2014 Riding Number: \_\_\_\_\_\_\_\_\_\_\_***

***2014 Number Choice:***

***1st Choice: \_\_\_\_\_\_\_\_\_\_\_***

***2nd Choice: \_\_\_\_\_\_\_\_\_\_***

***3rd Choice:\_\_\_\_\_\_\_\_\_\_\_***

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage, or injury (including death) to applicant’s person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others. Applicant hereby releases, discharges, and agrees to hold harmless and indemnify Sunshine State Vintage Motocross Club, Inc,, sponsoring clubs, and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their benefit from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicants property or applicants family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

NOTICE: If under 18 years of age, this application must be accompanied with an SMR (series minor release) bearing the notarized signature of both parents or guardians which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Sign here to indicate that you have completely read this application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Riders Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature)

**Emergency Information**

Rider Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts phone #:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_

Alt Phone #:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Rider allergies: (medication, foods, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign objects rider may have in body (braces, dentures, steel rods, etc) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Alerts (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

*I will not hold Sunshine State Vintage Motocross Inc.,its sponsors or its officers or any member nor the race facility responsible for any injury, death, loss and/or theft or property damage which may occur in connection with, or as a result of any Sunshine State Vintage Motocross Club, Inc. activity or event. I will be completely responsible for myself and any minor under the age of 18 whom I bring or allow to participate in a Sunshine State Vintage Motocross Club, Inc. event or other activity. I’m also responsible for all members of my pit area. This statement also pertains to travel to and from Sunshine State Vintage Motocross Club, Inc. functions.*

Sign here to indicate that you have completely read this application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Riders Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature)