


Midwest Vintage Motocross 2024 Membership Application

	<p>Make check payable to Midwest Vintage MX and mail to:</p> <p>Midwest Vintage Motocross LLC 2235 Newman Road Mount Pleasant, WI 53406</p>	<p>Office Use Only:</p> <p>Date: _____</p> <p># Issued _____</p> <p>Amt Rcv'd _____</p>
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Adult Membership \$50 - Youth Membership \$45 (16yrs and younger)

Membership fee must accompany this application – DO NOT SEND CASH IN THE MAIL

Name _____ AMA Member # _____

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

Phone number (____) _____ - _____ e-mail _____

Bike/Race # Choice:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Every effort will be made to give you your first number choice. If another member has taken this number you will need to use one of your alternate choices.

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 Midwest Vintage Motocross, sponsoring clubs, and organizations, promoters, officials, fellow participants, land owners, and those acting in the support or on their benefit from any and all liability arising by a motorcycling event or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

NOTICE: If under 18 yrs of age, this application must be accompanied with a minor release form which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Riders Signature _____

Parent/Guardian Signature (if rider is minor) _____

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Emergency Information - Please Print Clearly

Do you generally travel to races alone? YES NO

Do you generally have person(s) over 18 traveling with you: YES NO

Contact in case of emergency _____

Relationship to rider _____

Emergency contact phone # (____) ____ - _____

Alternate phone # (____) ____ - _____

Rider allergies: (medication, foods, etc.) _____

Insurance Provider: _____

Foreign objects rider may have in body (braces, dentures, steel rods, contacts, etc.)

Diabetic? YES NO Blood Type (if known) _____

Medical Alerts or list of daily medications _____

HEART CONDITION OF ANY KIND? _____

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

I will not hold Midwest Vintage Motocross LLC, Woody's Vintage GP LLC, 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 MWVMX LLC/Woody's Vintage GP LLC 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 MWVMX/WVGP LLC event or other activity. I'm also responsible for all members of my pit area. This statement also pertains to travel to and from ANY MWVMX LLC/WVGP LLC functions.

Rider Signature _____

Parent/Guardian Signature (if rider is minor) _____