${\it Midwest\ Vintage\ Motocross\ Membership\ Renewal} \\ {\it 2017}$

Adult: \$40 Youth \$35 (Age 16 and younger)

Mail completed application with payment made out to Midwest Vintage MX to:

John Graves

17145 J W Bluemound Rd Brookfield WI 53005

Name:	Date//
Bike/Race # Requested:	
·	or Emergency Contact changed since last
year? YES NO	
If yes then please provide new addr	ess/phone here:
Address:	
Phone:	
Emergency Contact/Phone #	
"Membership Application" is true an	rovided to Midwest Vintage Motocross on my original d has not changed within the last year. This form rship form for Midwest Vintage Motocross.
RELEASE, INDEMNITY AI	ND ASSUMPTION OF RISK AGREEMENT
officers or any member nor the race facility or property damage which may occur LLC/Woody's Vintage GP LLC activity or eany minor under the age of 18 whom I be event or other activity. I'm also responsib	oss LLC, Woody's Vintage GP LLC, its sponsors or its ity responsible for any injury, death, loss and/or theft in connection with, or as a result of any MWVMX event. I will be completely responsible for myself and ring or allow to participate in a MWVMX/WVGP LLC le for all members of my pit area. This statement also a ANY MWVMX LLC/WVGP LLC functions.
	(Riders Signature)
	(Parent Signature if rider is minor)
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• This form is ONLY applicable if you had a membership form completed for the 2015 season. All new riders are required to fill out a full membership application.