



Adult Practice Membership

Please print clearly (*Incomplete applications will be declined)

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Age _____ Birthday _____

Emergency Contact Name _____

Phone (home)(_____) _____ (Cell)(_____) _____

Practice Group (circle one) Bike A Bike B Bike C Quad

Member Release and Indemnity Agreement

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against 4P Promotions, Inc. , Sunset Ridge MX, Sunset Ridge EMS, American Motorcycle Association, and their respected district organizations, the promoters, sponsors, and all other persons, participants or organizations conducting or connected with any event for injury to property or person I may suffer, including crippling injury or death while participating in any event and while upon the premises. I know the risk of danger to myself and my property, while preparing for and participating in the event and while upon the premises, and relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with any event for damages incurred as a result of my negligence.

I have fully read and understand this release

Signature of Applicant _____ Date _____

Witness Printed Name _____

Witness Signature _____ Date _____

<p><i>Office Use Only</i></p> <p>Date Received _____</p> <p>\$10 Payment Type _____</p>
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