

<u>Please mail the application and fees to:</u> Middle Atlantic Motocross Association PO Box 143 Chesapeake City, MD 21915 For Questions, please call 443-669-3007

membership@mamamx.com

MAMA 2018 APPLICATION



FOLLOW US ON



MAMA Member #	
Date Recieved	
Rider # Issued	
Check No	
Cash Y N	
Card Issued? Y N	
Referred by	

Racer Membership: \$40 Non Racer Membership: \$10		
2017 Riding Number		
AMA # _ _ _ _ EXPIRATION DATE _/ # OF YEARS AMA MEMBER _		
NAME _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
LAST FIRST MI		
DATE OF BIRTH _ - - AGE _ SEX M F		
ADDRESS _ _ _ _ _ _ _ _ _ _ _ _ _ _ APT _ _ _		
CITY _ STATE _ ZIP		
PHONE - _ - _ CELL PHONE _ - _ - - -		
EMAIL ADDRESS		
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 the American Motorcyclist Association, and the Middle Atlantic Motocross Association, sponsoring clubs and organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicant's property or applicant's family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.		

You MUST initial here to indicate that you have completely read this application and the MAMA/AMA RULES____

Upon completion of this application, payment of above fee for <u>The Membership Card</u>, and signing the waiver release, you will be eligible to race MAMA sanctioned events. With this card, you will be eligible to earn MAMA series points. I / We hereby make an oath and say that to the best of our knowledge and belief, all statements set forth in this application are true and correct.

	Date:
Signature of Rider*	
Check here if you have sole custody of	f your child
Signature of Mother /Guardian	Signature of Father /Guardian
Printed Name of Mother /Guardian	Printed Name of Father /Guardian
Yearly Membership Fee	Must Accompany This Application
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