## **Midwest Vintage Motocross 2019 Membership Application**

Midwest	v intage Motocross 2019 Membership Ap	piication
	Make check payable to Midwest Vintage MX and mail to:	Office Use Only:
	Midwest Vintage Motocross LLC 2235 Newman Road Mount Pleasant, WI 53406	Date:
		# Issued
		Amt Rcv'd
Adult	Membership \$40 Youth Membership \$35 (16yrs and	younger)
Membership fee must acco	ompany this application – DO NOT SEND CASH IN THI	E MAIL
Name	Date of Birth	1/
Address		
City	State Zip	
Phone number ()	e-mail	
Bike/Race # Choice:		
1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice 3 <sup>rd</sup> Choice	
Every effort will be made will need to use one of yo	to give you your first number choice. If another member ur alternate choices.	has taken this number you
RELEASE, INDEMNITY	AND ASSUMPTION OF RISK AGREEMENT	
Applicant acknowledges the surfurther acknowledges that such connected with the conduct of applicant's person or property f Applicant hereby releases, discorganizations, promoters, office	abstantial risk of injury to person and property arising from participation injury and damage can be caused by the negligent acts and omissions such events. Applicant hereby assumes all risk of loss, damage, or injury and cause whatsoever, whether or not such cause is attributable tharges, and agrees to hold harmless and indemnify Midwest Vintage it ials, fellow participants, land owners, and those acting in the support cycling event or while upon, entering or departing form the premises upon the support of the premises upon the support of the premises upon the support of the premises upon the premise upon the premises upon the premises upon the premises upon the premise upon the premis	s of persons and organizations jury (including death) to o the negligence of others. Motocross, sponsoring clubs, and or on their benefit from any and
· ·	rs of age, this application must be accompanied with a ver and release of any and all claims such parent or gu	
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)