



# 2017 Summer Series RMX MEMBERSHIP FORM

<b>Name:</b>		<b>Date:</b>	
<b>Mailing Address:</b>		<b>Birth date:</b>	<b>Age:</b>
<b>City:</b>		<b>Email:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Shirt Size:</b> SM MED LG XL XXL - <b>YOUTH:</b> SM MED LG XL	
<b>Phone:</b>		<b>Emergency Contact :</b>	
<b>Has your address changed since last year?</b> YES / NO		<b>Phone #:</b>	
		<b>Relationship:</b>	
<b>RMX MEMBERSHIP: \$30.00</b>		<b>Racing Number Preference:</b> (don't leave blank)	
<b>SEASON RACE PASS: \$550.00</b>		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	
<b>Includes Membership</b>		First choice accepted unless other notified.	

Mail completed form & payment to: RMX Series - PO Box 826 Kaysville UT, 84037

**Bike Size:** 50cc - 65cc - 85cc - 125cc - 250cc - 450cc - **OTHER:** \_\_\_\_\_ (circle all that apply)

**Motorcycle Brand:** COB - HON - HUSK - KAW - KTM - POLINI - SUZ - YAM - **OTHER:** \_\_\_\_\_ (circle all that apply)

**Competing Class:** Pro (A) - Int (B) - Novice (C) - Beginner (D)\* - Women - Vet (+25 and up) (Circle one)

\*To participate in any "BEGINNER" class, you must have less than 1 year of racing experience on any size machine, in any racing genre.  
Please see the 2017 RMX Rule book at [www.rmxseries.com](http://www.rmxseries.com) for additional information regarding race classification.

**How Long Racing?** \_\_\_\_\_ Years \_\_\_\_\_ Months (This includes any genre of racing: motocross, arenacross, offroad, etc )

## Sponsors

_____	_____
_____	_____
_____	_____

## 2017 Annual Waiver & Release of Liability

I hereby give up all of my rights to sue or make claim whatsoever against the Rocky Mountain Motocross Series, Grassroots MX LLC, its officers, promoters, sponsors and all other persons or organizations conducting or connected with any event for any injury to property or person I may suffer, including crippling injury or death, whether such injury occurs while I am preparing for or participating in the event, and while I am on the event premises. I know the risk of danger to myself and my property while preparing, participating in the event, and while I am on the event premises and relying on my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with any event for damages incurred as a result of any injury I cause or receive.

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.**

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name:: \_\_\_\_\_ Date: \_\_\_\_\_

## For office use only:

**New Member** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Membership ID** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_