



2017 Summer Series RMX MEMBERSHIP FORM

Name:		Date:	
Mailing Address:		Birth date:	Age:
City:		Email:	
State:	Zip:	Shirt Size: SM MED LG XL XXL - YOUTH: SM MED LG XL	
Phone:		Emergency Contact :	
Has your address changed since last year? YES / NO		Phone #:	
		Relationship:	

RMX MEMBERSHIP: \$30.00 <input type="checkbox"/> SEASON RACE PASS: \$550.00 <input type="checkbox"/> Includes Membership	Racing Number Preference: (don't leave blank) <input type="text"/> First choice accepted unless other notified.
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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 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 _____