



Office Use Only	
Received_____	Issued_____
Season Member # _____	
\$50 Payment Type _____	

Season Membership Application Adult

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_____