



Minor Practice Membership (MUST BE NOTARIZED)

Please print clearly (*Incomplete applications will be declined)

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Birthday _____

E-mail _____

Father's Name _____ Mother's Name _____

Legal Guardian _____

Phone (home)(_____) _____ (Cell)(_____) _____

Practice Group (circle one) Bike A Bike B Bike C Quad 65cc/85cc 50cc

Minor 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 discussed the event that I wish to participate in with my parents or legal guardians and they have explained to me the possibility of my being injured. I understand what they have explained to me, and I know that I could be injured, possibly severe or even worse. I am willing to assume the responsibility of this in order to be a participant in the event that I wish to participate in. I also agree that, at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from the event, and will do so of my own free will. I know that I am not giving up any of my rights and that it is OK for me to participate.

I HAVE FULLY READ OR HAVE BEEN READ THE ABOVE ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS, AND HAVE SIGNED IT VOLUNTARILY.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signed before me on this _____ day of _____ 20____ (Notary Seal)

Notary Signature _____ My Commission Expires _____

Office Use Only
Date Received _____
\$10 Payment Type _____