



Office Use Only
 Date Rec'd: _____
 Member # Issued: _____

Sunshine State Vintage Motocross Club, Inc.
 Membership form 2020-2021

Name: _____ Date of birth: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 Email address: _____

New Member
 Renewal – Previous SSVMX membership number: _____
 2019-2020 Riding number: _____ was not a member of ssvmx club in 2019-20
 2020-2021 Riding number: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
 Youth rider **Class type:** Vintage Post Vintage Modern
 Adult rider **Ability level:** Beginner Novice Intermediate Expert

Membership Fees

\$40 Annual membership
 \$10 Day membership \$35 Early Annual membership (if paid by Oct. 1, 2020)

Make check or money order payable (and send) to:
Sunshine State Vintage Motocross Club, Inc.
91 Highland Ave.
DeBary, FL 32713

Yearly membership fee must accompany this application.
DO NOT SEND CASH IN THE MAIL

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant (rider) acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant (rider) hereby assumes all risk of loss, damage or injury (including death) to applicant's (rider's) person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others. Applicant (rider) hereby releases, discharges and agrees to hold harmless and indemnify Sunshine State Vintage Motocross Club, Inc, board members, sponsors, organizations, promoters, officials, fellow participants, land owners, and those acting in their support or on their benefit from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant (rider), applicant's (rider's) property or applicant's (rider's) family, while participating in motorcycling events or while upon entering or departing from the premises upon which such motorcycling events are conducted. This agreement applies during the SSVMX 2020-2021 season which includes Gatorback Mx, Diamondback Mx, Tampa Mx, Pax Trax Mx, Dade City Mx, Waldo Mx, Sunshine State Mx and North Florida Mx and all their owners, employees, crew and representatives.

NOTICE: If under 18 years of age, this application must be accompanied with an SMR (series minor release) bearing the notarized signature of both parents or guardians which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Sign here to indicate that you have completely read and agree with this application:

_____ (Rider Print) _____ (Rider Signature)
 _____ (Parent Print) _____ (Parent Signature)



Sunshine State Vintage Motocross Club, Inc.
Membership form 2020-2021 (cont.)
Emergency Information

Rider Full name: _____

Rider Date of birth: _____

Contact in case of emergency

Name: _____

Relationship to rider: _____

Contact Phone number: _____ Alternate Phone: _____

Rider allergies (medication, foods, etc): _____

Health insurance provider: _____

Foreign objects rider may have inside body (braces, dentures, steel rods, etc): _____

Rider Blood type: _____

Medical Alerts (if applicable): _____

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

I will not hold Sunshine State Vintage Motocross Inc., 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 Sunshine State Vintage Motocross Club, Inc. 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 Sunshine State Vintage Motocross Club, Inc. event or other activity. I'm also responsible for all members of my pit area. This statement also pertains to travel to and from Sunshine State Vintage Motocross Club, Inc. functions.

Sign here to indicate that you have completely read this application:

_____ (Rider Print) _____ (Rider Signature)

_____ (Parent Print) _____ (Parent signature if rider is under 18 years old)