

Arizona Old Timers Motocross Club

WWW.AZOTMOTOCROSS.COM

2021 Member Application

PLEASE PRINT CLEARLY AND LEGIBLY!

AZOT MX is open for those 30+ locally

Name:	Today's date:
Address:	Home phone:
City:	Cell phone:
State:	E-mail:
Zip code:	Emergency contact name and number:
Date of birth:	
Preferred bike number assignment; please note #1 thru 10 must be earned. Please Check the online roster for availability: 1 st choice # _____ 2 nd choice # _____	Years of racing experience:
	Membership fee: \$35.00. (\$20 after September 1) Please make checks Payable to: <u>AZOTMX</u>
	Mail to: AZOTMX, C/O Katherine Faso 4101 W. Pershing Ave Phoenix, AZ 85029

EMERGENCY CONTACT INFORMATION MUST BE SUPPLIED AND KEPT CURRENT

[] please check this box if you would like your contact info shared with other AZOT members

<p>I hereby attach a copy of my driver's license to verify my age; I understand that a prime requirement for becoming a regular, voting member of the "ARIZONA O.T.M.X. ASSOCIATION" is to be 30 years of age or older. Personal verification of my driver's license by a member of good standing of the club will suffice in lieu of a copy. WAIVER, IDENTIFICATION & RELEASE OF LIABILITY & AGREEMENT RELATING TO THE "ARIZONA O.T.M.X. ASSOC". I the undersigned, do hereby for myself, my heirs, executors & assigns, releases, remise & forever discharge & agree to identify & hold harmless the "ARIZONA O.T.M.X. ASSOC" & its officers agents & employees, of & from any & every claim, demand action or right of whatsoever kind of nature & any cost, loss or expense in connection there with arising from participation in any events sanctioned by the "ARIZONA O.T.M.X. ASSOC", or any related facilities, including any claims or demands for injury to or death of any persons or any damage to or destruction of any property resulting from or claimed to result from or arise out of any accident or occurrence during or in connection with said events including specifically such as may arise out of or be claimed to arise out of negligence on the part of said "ARIZONA O.T.M.X. ASSOC", its officers, agents or employees. I further agree that the "ARIZONA O.T.M.X. ASSOC", shall not be liable for loss, injury or damage caused to the rider resulting from: (A) An act, omission. Or order of the motorcycle owner or the owner of the motorcycle or equipment or the servant, agents or employee of either the motorcycle owner or the owner thereof; (B) The nature of the article, or any defect, characteristic or inherent vice thereof, including susceptibility to damage because of atmospheric conditions such as temperature & humidity, or change therein; (C) Earthquake, flood & rising waters, or other acts of GOD; (D) Fire, explosion, lightning, windstorm, tornado, cyclone, hurricane, collapse of building or sprinkler tanks, fall of elevators, leakage or failure of sprinkler systems; (E) Strikes, lockouts, labor disturbances, riots, civil commotions, or the act of any person or persons taking part in any such occurrence or disorder; (F) The condition of the land upon which the race is conducted or the condition of the race course. I UNDERSTAND THAT MEMBERSHIP IN THE ARIZONA O.T.M.X. ASSOC. DOES NOT IN ANY WAY INCLUDE OR GUARANTEE TO ME ANY INSURANCE COVERAGE OF ANY KIND. I have read the foregoing waiver, identification & release & fully understand that no officer or agent or employee of the "ARIZONA O.T.M.X. ASSOC" is authorized to vary the terms or provisions of this instrument or to make any representations contrary to the provisions hereof. I have read, reviewed & understand the rules & regulations of the club & hereby agree to abide by said rules & regulations that are found on the AZOTMotocross.com.</p> <p>Signature of Applicant: _____</p>
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AZOTMX Club usage only

Received Application:	Class:	Membership Card Issued:
Amount Paid:	Racing Number Assigned:	New Member Packet Provided:
Send Welcome e-mail:	Add to Roster:	Add to E-Mail List: