

Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

AMA Number \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_ New \_\_\_ Renewal Age \_\_\_\_\_



OFF ROAD DUES per season

\_\_\_ \$16.00 thru tracks

\_\_\_ \$15.00 thru District Office

\_\_\_ *Check all that apply*

\_\_\_ Motocross

\_\_\_ Hare Scrambles

\_\_\_ Enduro

\_\_\_ Hill Climb

\_\_\_ Dirt Track

\_\_\_ ROAD events ONLY

\_\_\_ DUES \$10.00

Parents, or legal guardian must remain present at all times during participation of AMA member under the legal age of majority in any sanctioned meet. Proof of age must be available at all meets.

Club/Promoter \_\_\_\_\_

## DISTRICT 11 MOTORCYCLE ASSOCIATION MEMBERSHIP APPLICATION

### THIS IS A RELEASE AND INDEMNITY AGREEMENT - READ IT BEFORE SIGNING

It is understood and agreed that in the event I am injured whatsoever cause during an event, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owner, and further hold all parties harmless from any consequences of said aid.

I, hereby release and agree to hold harmless the American Motorcyclist Association, AMA District 11 Motorcycle Association, the promoters, the owners and lessees of the premises, the participants, and officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may occur from any loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with the event, and whether arising while engaged in competition or in practice or preparation thereof, or while upon, entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and-in reliance, upon my own judgement and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever.

Applicant's Signature \_\_\_\_\_

Parent's Signature (If under 18) \_\_\_\_\_

**If you do not receive your membership card in 30 days, Contact the District Office at:**

District 11 Office: 7838 Darby Rd, Circleville, OH 43113 (740)474-2751