

# Nebraska State Motocross Series

## *Membership Application/Agreement*

**\$35 – Make check payable to: NSMS**  
(Cash, Check, Money Order accepted)

**Bring application to race day sign up at any NSMS event.**

ON THIS DATE, THE UNDERSIGNED INDIVIDUAL (HEREINAFTER "THE MEMBER") HEREBY PURCHASES A NEBRASKA STATE MOTOCROSS SERIES MEMBERSHIP (HEREINAFTER "MEMBERSHIP") TO COMPETE IN THE NEBRASKA STATE MOTOCROSS SERIES (HEREINAFTER "NSMS"), SUBJECT TO THE TERMS AND CONDITIONS AND OBLIGATIONS SET FORTH HEREIN. THIS MEMBERSHIP IS A LICENSE FOR THE MEMBER TO COMPETE IN THE NEBRASKA STATE MOTOCROSS SERIES DURING THE MEMBERSHIP TERM HEREOF AS LONG AS THE MEMBER IS NOT IN VIOLATION OF THE TERMS HEREOF OR THE RULES AND REGULATIONS OF EACH PARTICIPATING FACILITY AND THE RULES SET FORTH BY THE NSMS.

**\*\*\* PLEASE PRINT and complete the information below in blue or black ink. (All fields are required) \*\*\***

**TODAY'S DATE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*FIRST MI LAST*

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

### **WAIVER: THIS IS A RELEASE AND INDEMNITY AGREEMENT.**

IN CONSIDERATION OF BEING GRANTED A MEMBERSHIP AND BEING PERMITTED TO ENTER COMPETITION EVENTS COORDINATED BY THE NSMS, I HEREBY GIVE UP ALL OF MY RIGHTS TO SUE OR MAKE ANY CLAIM WHATSOEVER AGAINST THE NSMS, AND ITS ORGANIZATION, THE PROMOTERS, SPONSORS, AND ALL OTHER PERSONS OR ORGANIZATIONS CONDUCTING OR CONNECTED WITH EACH EVENT FOR ANY INJURY TO PROPERTY OR PERSON I MAY SUFFER, INCLUDING CRIPPLING INJURY AND DEATH, WHETHER SUCH INJURY ARISES WHILE I AM PREPARING FOR OR PARTICIPATING IN THE EVENT OR WHILE I AM UPON THE EVENT PREMISES. I KNOW THE RISKS AND DANGERS TO MYSELF AND MY PROPERTY WHILE PARTICIPATING IN THESE EVENTS AND WHILE UPON THE EVENT PREMISES AND, RELYING UPON MY OWN JUDGMENT AND ABILITY, ASSUME ALL SUCH RISKS OF LOSS. I HEREBY CERTIFY THAT I ASSUME ALL RESPONSIBILITY FOR ALL TAXES. IF ANY, PAYABLE ON ANY FUNDS I MAY RECEIVE AS RESULTS OF MY COMPETITIVE ACTIVITIES, INCLUDING WITHOUT LIMITATION S.S. TAXES, UNEMPLOYMENT INSURANCE TAXES, COMP INSURANCE, INCOME TAXES AND W/H TAXES. I UNDERSTAND THAT ALL NSMS EVENTS ARE SUBJECT TO THE POSTED RULES OF COMPETITION AND THAT OF THE POSTED AND PRINTED RULES FOR ALL PARTICIPATING MOTOCROSS TRACKS DURING THE EVENT. IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT I AM INJURED FROM WHATSOEVER CAUSE DURING AN EVENT AUTHORIZED AND OPERATED UNDER THE NSMS RULES, I HEREWITH CONSENT TO AND AUTHORIZE FIRST AID AND AMBULANCE SERVICE AS PROVIDED BY THE SPONSORING CLUB AND PROPERTY OWNERS, AND FURTHER TO HOLD ALL PARTIES HARMLESS FROM ANY CONSEQUENCES OF SAID AID.

\_\_\_\_\_ I have read and agree to the rules of the Nebraska State Motocross Series

Rider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature  
(if rider is under 18) \_\_\_\_\_