

FMX PARADISE 2017 Membership Application

This form is for **NEW FMX PARADISE members**. Make check payable to FMX PARADISE and Mail to:

FMX PARADISE P O BOX 243 MEDARYVILLE IN 47957

Office Use Only:

Date: _____

Issued _____

Amt Rcv'd _____

Adult Membership \$40, Youth Membership \$35 (14 yrs and younger)

Membership fee must accompany this application – DO NOT SEND CASH IN THE MAIL

** Membership if for current season only, fee will be 50% off after the ½ way point in the season **

Name _____ Date of Birth ___/___/_____

Address _____

City _____ State _____ Zip _____

Phone number (____) _____ - _____ e-mail _____

Bike/Race #: _____

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant 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 hereby assumes all risk of loss, damage, or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others.

Applicant hereby releases, discharges, and agrees to hold harmless and indemnify FMX PARADISE MOTORCROSS PARK , sponsoring clubs, and organizations, promoters, officials, fellow participants, land owners, and those acting in the support or on their benefit from any and all liability arising by a motorcycling events or while upon, entering or departing form the premises upon which such motorcycling events are conducted.

NOTICE: If under 18 yrs of age, this application must be accompanied with a minor release form which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

All minors (under 18) are required to wear neck device while participating in said events.

Riders Signature _____ DATE: _____

Parent Signature (if rider is minor) _____ DATE: _____

FMX PARADISE Motocross 2017 Membership Application

Emergency Information Print Clearly!

Rider Name _____ Date of Birth ___/___/_____

Do you generally travel to races alone? YES/ NO

Do you generally have person(s) over 18 traveling with you: YES NO

Contact in case of emergency _____

Relationship to rider _____

Emergency contact phone # (____) _____ - _____

Alternate phone # (____) _____ - _____

Rider allergies: (medication, foods, etc.) _____

Insurance Provider: _____

Foreign objects rider may have in body (braces, dentures, steel rods, contacts, etc.) _____

Diabetic? YES NO Blood Type (if known) _____

Medical Alerts or list of daily medications _____

HEART CONDITION OF ANY KIND? _____

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

I will not hold FMX PARADISE , 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 FMX PARADISE 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 FMX PARADISE event or other activity. I'm also responsible for all members of my pit area. This statement also pertains to travel to and from ANY FMX PARADISE functions.

Signature of Rider _____ DATE: _____

Signature of parent/guardian if rider is minor _____ DATE: _____