



CALVMX MEMBERSHIP FORM 2010



Date: _____

Date of Birth: _____

Name: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone: _____

Bike Brand: _____ Year: _____ Motor size: _____ Bike Number: _____ (bike #1) _____ (bike #2) _____ (bike #3)

Note: If you race multiple bikes please list on backside of form

Ability Level: Beginner _____ Novice _____ Intermediate _____ Expert _____

ARE YOU OR YOUR FAMILY ABLE TO VOLUNTEER TO HELP OUT THE CLUB?

Please circle an area that you would be interested in helping with or describe below:

Site/track maintenance & repair / serve on a committee / administrative function / promotional function / help out on race day
help out on practice day / attend meetings / solicit sponsorship / pre & post race assistance / OTHER

OTHER: _____

EXCLUSION OF LIABILITY - Assumption of risk for minors under nineteen years of age:

The undersigned parent/guardian of _____ (the "Minor") in consideration of CALVMX allowing the Minor to use the facilities of CALVMX, agrees to accept full responsibility for damages, loss or expenses which may be caused to the Minor as a result of the use of CALVMX facilities including damages, loss or expenses associated with personal injury, property damage or death. The undersigned parent/guardian will be bound by the exclusion of liability and assumption of risk set forth above with respect to the Minor. The undersigned parent/guardian will indemnify and hold CALVMX, its employees, volunteers, directors and agents harmless from and against all claims, cost, or expenses arising as a result of use of CALVMX facilities by the Minor including claims arising as a result of negligence or breach of contract. The undersigned parent/guardian acknowledges that by allowing the Minor to participate in a motor sport, the parent/guardian recognizes that there is a risk of serious personal injury, property damage and death.

Signature of Applicant: _____

Full Year \$40.00

Parent/Guardian Signature: _____

½ Year (July-Dec) \$25.00

Witness Signature: _____

Note: Only needed for minor membership

CALVMX

P.O. Box 88

Bonita, CA 91902