

D34SC APPLICATION

Renewal
New Application

Num	
Class	
Select rider class below:	
<u>Bike</u>	<u>Quad</u>
Pee Wee	Youth
Jr Mini	Novice
Sr Mini	Amateur
Novice	Expert
Amateur	Women
Expert	
Women	
Number Preference	
Current or past rider number	

Name: _____

Parents Name: _____

Date of Birth: _____ Age _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Club: _____ AMA/ATVA#: _____ Exp Date: _____

In consideration of being granted a D34SC card and in consideration of being permitted to enter competition events sanctioned by the District 34 Sports Committee herein known as D34SC, for myself, my heirs, personal representatives and assigns, hereby release, discharge and agree to hold harmless and indemnify the D34SC, promoters presenting sanctioned events, the owners and lessees of premises on which sanctioned events take place, the participants in sanctioned events, the owners, sponsors and manufacturers of all racing equipment upon the premises and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims, demands and possible causes of action that may otherwise accrue from any loss, damage or injury (including death) to my person or property, in any way resulting from or arising in connection with, or related to any sanctioned event and whether arising while engaged in competition or in practice or preparation therefore, or while upon entering or departing from said premises, from any cause whatsoever including, without limitation the failure of anyone to enforce rules and regulation, failure to make inspections, or the negligence of other persons. I know the risk and danger to myself and property while upon said premises or while participating or assisting in a sanctioned event, and I do so voluntarily and in reliance, not upon the property, equipment, facilities and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

MEDICAL INSURANCE IS THE SOLE RESPONSIBILITY OF THE RIDER

Parents or guardian of any rider under the age of eighteen may withdraw their permission signed at the bottom of this form at any time upon returning to the D34SC by return registered mail, the D34SC card issued to said minor and upon notification of the withdrawal of such permission. I understand that a D34SC card is subject to D34SC and American Motorcycle Association rules for competition.

HAVE YOU READ THIS APPLICATION? YES OR NO _____

Rider Signature: _____ **Date:** _____

Notice: If Under 18 YEARS OF AGE, this application must bear the notarized signature of Parent or Guardian which shall acknowledge a waiver and release of any and all claims such Parent or Guardian may have.

Parent/Guardian Signature: _____

Subscribed and Sworn to before me this _____ day of _____, 20____

Notary Public: _____

Mail to: D34 Sports Committee
 % Jeannine Price
 21 Holiday Mtn Rd
 Monticello, NY 12701
 845-796-2515
 Email: jrujen27@gmail.com

\$20.00 for seasonal membership (new or renewal apps)
 \$10.00 for Associate membership (non-riders mailings only)
 \$25.00 for seasonal membership (internet payment)
 \$25.00 cash or money order at race track

MAIL A SIGNED COPY OF THIS APPLICATION AND A COPY OF DRIVERS LICENSE OR BIRTH CERTIFICATE TO JEANNINE IN ORDER TO PROCESS MEMBERSHIP CARD. NO EXCEPTIONS.