PAID							
Date							
Cash							
Check #							

PNW VMX Club Membership Form

Membership Fee: \$20 USD

Please verify and write email address clearly!

Racer Name:				De	ОВ			(mo/year)		
Mailing Address:										
City:	s		State			Zip Code		e:		
Home Phone:			Mob	ile Phone:						
Email Address:										
Emergency Conta	ct Name:									
Emergency Conta	ct Number:	:								
Skill Level (circle	one):	Beg/Nov	Inter	mediate	Ехре	ert				
Bike Number: note: AHRMA assigned numbers hold preference										
Exclusion of Liability-assumption of risk for minors under 18 years of age:										
The undersigned pare PNW VMX Club allowing expenses associated bound by the exclusion parent/guardian shall claims, cost or expensional claims arising as a resultance of allowing the minor to personal injury, propersignature of Applia Parent/Guardian States	ng the minor to with personal on of liability and indemnify and ses arising as sult of neglige participate in rty damage ar icant:	to race with the injury, property and assumption I hold PNW VM) a result of party areach of a motor sport, and death.	y damage or of risk set for (, its director ticipating in of contract.	death. The un orth above wit rs, volunteers all PNW VMX I The undersign	II responsibi dersigned p h respect to and agents races and/oi ed parent/gi	arent or gua the Minor. harmless fro events by t uardian acki	ages, los ardian sh The und om and s the Mino nowledg	ss or nall be ersigned against all r including es that by		
Witness Signature	: (note: Only r	needed for mind	or membersh	ip):						
Date:										

Please mail completed form to: PNWVMX 28205 203rd Ave SE Kent, WA 98042