



**Office Use Only**

Received \_\_\_\_\_ Issue Date \_\_\_\_\_

Member # \_\_\_\_\_

**Membership Application Minor ( MUST BE NOTARIZED )**

*Please print clearly (\*Incomplete applications will be declined)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

AMA # \_\_\_\_\_ EXP Date \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

**Parent/Guardian Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Phone (home) \_\_\_\_\_

(alternate's) \_\_\_\_\_

**Minor Member Release and Indemnity Agreement**

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against 4P Promotions, Inc. , Sunset Ridge MX, Sunset Ridge EMS, American Motorcycle Association, and their respected district organizations, the promoters, sponsors, and all other persons, participants or organizations conducting or connected with any event for injury to property or person I may suffer, including crippling injury or death while participating in any event and while upon the premises.

I know the risk of danger to myself and my property, while preparing for and participating in the event and while upon the premises, and relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with any event for damages incurred as a result of my negligence.

I have discussed the event that I wish to participate in with my parents or legal guardians and they have explained to me the possibility of my being injured. I understand what they have explained to me, and I know that I could be injured, possibly severe or even worse.

I am willing to assume the responsibility of this in order to be a participant in the event that I wish to participate in. I also agree that, at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from the event, and will do so of my own free will.

I know that I am not giving up any of my rights and that it is OK for me to participate.

**I HAVE FULLY READ OR HAVE BEEN READ THE ABOVE ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS, AND HAVE SIGNED IT VOLUNTARILY.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (Notary Seal)

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_