

**DMC MOTORSPORTS, INC.**  
2010 **DAILY** MOTOCROSS MEMBERSHIP APPLICATION

**\$12**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Age (as of January 1, 2010): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_(\_\_\_\_\_) \_\_\_\_\_

Rider Number (1<sup>st</sup> Choice): \_\_\_\_\_ (2<sup>nd</sup> Choice): \_\_\_\_\_  BIKE  QUAD

2010 **DAILY Membership Fee: \$12.00** (per rider) Must be included with application.

**RELEASE AND INDEMNITY AGREEMENT**

I, (we) for myself, my heirs and assigns do hereby give up **ALL** my rights to sue or make claims of any kind whatsoever against DMC Motorsports Inc., their agents, their employees, their sponsors, manufacturers and suppliers of any and all equipment and supplies and of any and all other persons, participants or organizations conducting or connected with DMC Motorsports Inc. events for any injury to person or property I may suffer, including crippling injury or death, whether such injury arises while I am preparing for competition, participating in an event, or while I am upon any event premises.

I (we) understand racing can be dangerous and I know the risks to myself and my property while participating in racing events and while upon event premises. I am relying upon my own judgment and ability, I am assuming all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with sanctioned events for damages incurred as a result of my negligence.

I (we) agree that DMC Motorsports, Inc. or its assigns may non-exclusively use my name and pictures taken at a sanctioned event for any purpose in any media.

I (we) assume all responsibility for any and all taxes (if any) on any funds I receive as a result of my competitive activities.

I (we) understand and agree that this membership DOES NOT PROVIDE ME WITH ANY INSURANCE OF ANY KIND WHATSOEVER and I understand and agree that it is EXTREMELY important that I HAVE MY OWN MEDICAL INSURANCE COVERAGE.

I (we) have read, understand and agree with all of the "Rules and Driver Information" of DMC Motorsports, Inc. "Rules and Driver Information" available at [www.dmcmotorsports.com](http://www.dmcmotorsports.com) or upon request.

I (we) hereby make oath and say that to the best of our knowledge and belief all statements set forth in this Motocross Membership Application are true and correct.

I (WE) HAVE COMPLETELY READ AND UNDERSTAND THIS APPLICATION and RELEASE AND INDEMNITY AGREEMENT.

\_\_\_\_\_  
Applicant Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (REQUIRED IF APPLICANT IS UNDER THE AGE OF 18)

\_\_\_\_\_  
Date