

Proof of age \_\_\_\_\_  
ID Number \_\_\_\_\_  
Bike Number \_\_\_\_\_  
Application fee - \$30.00

WNYMA  
Shelayne Sprague  
9502 County Route 9  
Cohocton, NY 14826  
607-368-9072  
secretary@wnyma.com

Name \_\_\_\_\_ Txt Message Updates?  Yes  No  
Phone No. \_\_\_\_\_ Cell # and Carrier \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age as of January 1, 2012 \_\_\_\_\_  
No. of Years Racing \_\_\_\_\_  
Rank (circle one)      50cc    60cc    Jr. Mini    Sr. Mini    Beginner    Novice    Amateur    Expert  
Make & Year of Cycle \_\_\_\_\_ Engine Size \_\_\_\_\_  
Are you currently an AMA member?  Yes  No  
Last year's bike # \_\_\_\_\_ Do you wish to keep this number for 2012? Yes or No Please circle one

**Your last year's bike number will be held until March 18th, 2012. If you are a mini moving up to the big bike classes, you may not be able to keep your number.**

Pick 4 numbers in case your first choice of bike number is taken.

\_\_\_\_\_  
**RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
MOTO-CROSS RACING  
All Sanctioned Western New York Motocross Association Inc. events**

IN CONSIDERATION of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as including but not limited to the racing surface, pit areas, infield, burn out area, approach area, shut down area, and all walkways, concessions and other areas appurtenant to any area where any activity related to the event shall take place), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted areas:

***This form is continued on the back, and must be completely filled out and signed. Please see the other side of this form for release and waiver information before signing.***

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoter, participants, racing association, sanctioning organization or any subdivision thereof, track operator, track owner, officials, car owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releases" from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating in, observing, working for, or for any purpose participating in the event.

2. HEREBY AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose participating in the event.

4. THE WNYMA &/OR THE PROMOTER DOES NOT PROVIDE MEDICAL INSURANCE. It is the rider's responsibility to carry adequate medical health insurance or accident insurance. The rider is responsible for all medical costs incurred.

EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province of State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED acknowledges and agrees that the given information can be used for marketing and sponsorship purposes exclusively by the WNYMA sanctioning body.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

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Sign Name \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Every Rider must provide proof of age - Birth Certificate, School Records, Drivers License \*\*\***  
**\*\*\* This must be filled out and officially notarized for anyone under the age of 18 years. \*\*\***

I, \_\_\_\_\_ as parent or legal guardian further agree to hold harmless the promoter, participants, racing association, sanctioning organization or any subdivision thereof from any and all law suits commenced, by my infant in his/her own behalf or as his/her guardian. I also realize the possibility of serious injury or death to my infant due to the activity.

Parent or Legal Guardian Signature: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_ Notary Public Seal