

MEMBERSHIP NUMBER:



RTRA RECREATIONAL TRAILBIKE RIDERS' ASSOCIATION WA

PAID?:

OFFICE USE ONLY

OFFICE USE ONLY



EVENT REGISTRATION 2012

WARNING: This Membership form and general rules are important legal documents that affect your legal rights and obligations. Read all forms carefully and do not sign them unless you are satisfied and understand them totally, and you agree to be bound by them.

WARNING: ATV RIDING AND RACING IS DANGEROUS

Although all precautions will be taken, The ATV Social and Racing Club Inc. Accepts no responsibility for injury or death of any person entering or competing in any organised event or using Woodridge ATV Park. I will allow my name, address, phone number and email address to be included on the registration list, my name and photo may appear on the website and in the newsletter. That I am a Responsible and Experienced Rider and will respect and follow the rules of the club.

I/WE THE UNDERSIGNED DECLARE THAT WE HAVE READ THE INDEMNITY AND UNDERSTAND AND ACCEPT THE CONDITIONS AS STATED (*please sign indemnity below)

No.	Surname	Given name	Age	D.O.B	Signature*
1					
2					
3					
4					
5					

Postal Address _____ Post code _____

Phone number _____ Mobile _____ email _____

****COMPULSORY**** Ambulance Fund _____ Policy Number _____

EVENT FEES

Members \$20

Non-Members \$50

Parent or Guardian indemnity where participant is under 18 years of age

I/We _____ being the parent or legal guardian of _____ acknowledge that I/we have read this whole document and I/we understand it and agree to be bound by it totally. I/We consent to _____ participating in 4 wheel motorcycle riding for this event at the venues of the ATV Social and Racing Club. I/We are aware of and have also personally explained to _____ the risks and obligations as set out in this document. I/We hereby indemnify and agree to release from all liability the ATV Social and Racing Club Inc., its members, officials, servants, sponsors or agents in the same manner and to the same effect as if I/We were the applicant.

PARENT/GUARDIAN NAME _____ SIGNATURE _____

ADDRESS _____ PHONE _____ MOB _____
OR AS ABOVE

ADDRESS: 3 Discovery Drive MORLEY, WA 6062 WEB: www.atvwa.com

PHONE: Damion Miller: 0419 983 275 Melissa Cox: 0402 219 292, Dave Stevens: 0433 886 613

(Check website for current contacts)

Please forward your correct funds to:

Cheque payable to: ATV Social and Racing Club Inc. PLEASE DONT POST CASH!

EFT: ATV Social & Racing Club Inc.

NAB Clarkson BSB 086-412 A/C 196356796 (please use your full name as a reference)

CASH AT THE EVENT IS OK!

RULES FOR WOODRIDGE RIDE AREA AND RIDE DAYS

1. No membership - NO RIDE, ONE Day Memberships are available.
2. No helmet no ride
3. Ride at your own risk
4. Sturdy covered footwear to be worn whilst on bikes.
5. No riding at night
6. Riding on track only - not on access roads.
7. No juniors under 200cc 2 stroke \ 250cc 4 stroke are to ride on track with Seniors. AGE RESTRICTIONS are to be adhered to at all times.
8. CAMPING WITH EXPRESSED PERMISSION ONLY from the Club President.
9. Bins are provided Please use them
10. No alcohol in pit area.
11. You must give way to all native animals and livestock.
12. No persons to be crossing the track, while riding is in progress.
13. All bikes to be in safe working order.
14. There is to be no modifications to the track without the consent of the committee
15. AMBULANCE COVER is essential, no liability accepted by Club.
16. All persons under the age of eighteen {18} to be accompanied by an adult member of their family.
17. All 200cc 2 stroke \ 250cc 4 stroke riders must wear a high viz vest when riding with seniors.
18. There is to be no abusive language between members or officials, membership and Series points could be revoked.

ACKNOWLEDGEMENT OF RISKS, DANGERS AND OBLIGATIONS

I acknowledge that 4 wheel motorcycle racing and practicing is dangerous and that {being a financial member of the ATV Social and racing Club Inc} by attending the clubs premises/track or events and engaging in 4 wheel motorcycle riding, practice, coaching or racing I take and am exposed to certain risks and dangers, whether hidden or exposed or otherwise. I accept all the risks and dangers, whether hidden or exposed or otherwise and I participate solely at my own risk. The risks, dangers and obligations include but are not limited to:

1. I may be injured physically or mentally and may be killed
2. My equipment may be damaged or destroyed.
3. Other competitors may ride dangerously or with lack of skill
4. The Track or event conditions may be hazardous or may vary without warning or predictability.
5. The organisers may be obliged to make decisions under pressure
6. My life insurance policies may be invalidated.
7. That there maybe No or inadequate facilities for treatment or transport of me if I am injured.
8. That I have an obligation to myself and others to ride safely and within club rules and to encourage my fellow members to do the same.

**INDEMNITY GIVEN TO THE ATV SOCIAL AND RACING CLUB INC.
AND CONTRACT EXCLUDING LIABILITY**

In consideration of the acceptance of me personally as a member of the ATV Social and racing Club inc. I agree to indemnify and release from all liability the ATV Social and Racing Club Inc, its members and officials, servants or agents, authorities which own, occupy or manage the land on which 4 wheel motorcycling takes place In the following manner

1. That I participate at all times solely at my own risk and responsibility
2. That I accept all venues as they stand with all or any defects, whether hidden or exposed.
3. That I have an obligation to myself and to others to ride safely and within the rules.
4. That I agree to indemnify and release from all liability the ATV Social and Racing Club Inc., its members and associated servants or agents against any actions or claims which maybe made by me or on my behalf for in respect or arising out of my death or any injury, loss or damage caused by negligence, breach of contract or in any other manner whatsoever.

I/WE THE UNDERSIGNED DECLARE THAT WE HAVE READ THE INDEMNITY AND UNDERSTAND AND ACCEPT THE CONDITIONS AS STATED (*please sign indemnity below)

NAME _____ SIGNATURE _____

PERSON TO CONTACT IN AN EMERGENCY

NAME _____ PHONE _____ MOBILE _____

Office use
RECEIPT # _____ DATE _____ MEMBER NUMBER _____