

Mid-Atlantic Vintage Trials, Inc.

Membership Application

Name:

First: _____ MI. _____ Last: _____

Address: _____ City: _____ State: ____ Zip _____

Phone:: _____ Email:: _____

Age: ____ Date of Birth: _____

Rider Classification:

(select one)

- ☐ **Championship: I choose to compete for year end championship points/awards and plan on checking or working 1 event this year.** As a member you will not have to pay \$10 extra per event.
- ☐ **Here for fun: I am not concerned about year end points standings or awards.** Your scores will be posted for each event you enter and you are not required to work/check an event. If you ride more than 3 events a year this will save you \$. As a member you will not have to pay \$10 extra per event.

Classes:

(select vintage or modern and your class level)

(0 line is the most difficult line 4 is the easiest)

(you may change your class during the year if you wish)

Air Cooled Vintage:

☐ 1 ☐ 2 ☐ 3 ☐ 4

Modern:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

- ☐ **Open Class/Exhibition** Ride any line and not eligible for year end awards.

Both pages must be completed or application is void.

MAVT Membership is in effect - January 1 - December 31st of each year.

Only Championship members are eligible for end of the year championship points/awards.

A \$30 fee must accompany this application.

Make checks payable to: Mid-Atlantic Vintage Trials Inc.

Mail to:

Gregory Myers

4170 White Oak Rd.

Paradise, PA 17562

email: myers.gm@gmail.com

THIS IS A RELEASE AND INDEMNITY AGREEMENT

In consideration of being granted membership in Mid-Atlantic Vintage Trials Inc. and in consideration of being permitted to enter competition events sanctioned by Mid-Atlantic Vintage Trials Inc.

I hereby give up all my rights to sue or make any claim whatsoever against the Mid-Atlantic Vintage Trials Inc. Association and it's promoters, sponsors, and all other persons or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury or death, whether such injury arises while I am preparing for participating in the event or while I am upon the event premises.

I know the risks and dangers to myself and my property while participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of any injury that I cause or receive.

I hereby certify that I assume all responsibility for all charges premiums and taxes. If any, payable on any funds I may receive as results of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, Income taxes and withholding taxes.

I understand that a membership for Amateur Events is subject to Mid-Atlantic Vintage Trials Inc. Rules of Competition .

It is understood and agreed that in the event I am injured from whatever cause during an event authorized and operated under MAVT rules, I herewith consent to and authorize first aid and ambulance services as provided by the sponsoring club or property owners, and further to hold all parties harmless from any consequences of said aid.

<p>I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.</p> <p>Rider's Name (print)_____</p> <p>Rider's Signature</p> <p>_____</p> <p>Date_____</p>	<p>NOTICE, IF UNDER 18 years of age, which applies to the laws of the states of Pennsylvania and New Jersey. This application must bear the NOTARIZED SIGNATURE OF PARENT OR GUARDIAN *which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.</p> <p>Parent or Guardian signature_____</p> <p>Subscribed and Sworn before me this _____ day of _____.</p> <p>My Commission expires_____.</p> <p>_____ Notary Public</p>
<p>Membership in effect January 1" thru December 31st of each year. Only members are eligible for awards in Mid-Atlantic Vintage Trials Inc. points contests.</p>	
<p>Important check before mailing your Mid-Atlantic Vintage Trials Inc. application.</p> <p>Competitors — Check for your proper classification. Note: All applicants must send the completed waiver.</p> <p>\$30 fee must accompany this application. Make checks payable to: Mid-Atlantic Vintage Trials Inc.</p>	<p>Mail to:</p> <p>Gregory Myers 4170 White Oak Road Paradise, PA 17562 myers.gm@gmail.com http://www.mid-atlantictrials.com/</p>