



Iowa Enduro Riders Association
 District 22 Off-Road Membership Application
 Mail Applications to:
IERA MEMBERSHIP DIRECTOR
 c/o Eric Neu 721 N. Main, Box 367 Carroll, Iowa 51401
 Make checks payable to: IERA



AMA # (required) _____ Exp. Date _____ **TODAY'S DATE** _____
 NAME _____ BIKE BRAND _____
 ADDRESS _____ DISPLACEMENT _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ CELL PHONE _____
 E MAIL _____
 DATE OF BIRTH _____ AGE _____

CHECK ALL BOXES THAT APPLY: Enduro Hare Scramble Mini Class Hare Scramble

**** (MAILED IN) FULL ONE YEAR MEMBERSHIP \$20.00 _____NEW _____ RENEWAL****

**** (EVENT SIGN-UP) FULL ONE YEAR MEMBERSHIP \$25.00 _____NEW _____ RENEWAL****

****SPECIAL ONE DAY NON POINTS MEMBERSHIP \$5.00 _____ 1-DAY****

THIS IS A RELEASE ---- PLEASE READ AND COMPLETE

In consideration of being granted an amateur competition number and in consideration of being permitted to participate in competition events sanctioned by the American Motorcyclist Association and/or under the rules of the Iowa Enduro Riders Association ("IERA"), I apply for an IERA membership. I hereby give up all my rights to sue or make claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association and its district organizations, the IERA, the promoters, owners of any real estate used in any event, sponsors and all other persons, IERA member clubs, event participants or organizations conducting or connected with these events (cumulatively the "Released Parties") for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon the premises.

I know the risks of danger to myself and my property while preparing for and 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 my negligence. I further agree to be responsible for any attorney fees or other costs incurred by the Released Parties in defending against an action brought by me relative to damages claimed by me and waive the right to a trial by jury.

If I execute this release on behalf of a minor, I give the same release as stated herein on behalf of said minor. I further shall hold harmless and indemnify the Released Parties from any claim or claims for damages of any sort raised by said minor which might survive this release I give on the minor's behalf herein including any attorney fees incurred in defense of same.

HAVE YOU COMPLETELY READ THIS APPLICATION? _____ **INITIAL** _____

I hereby make oath and say that to the best of my knowledge and belief all statements set forth are true and correct.

RIDERS SIGNATURE (sign in ink only) _____ **DATE** _____ / _____ / _____

Notary required only if mailing application

ALL RIDERS UNDER 18 YEARS OF AGE MUST SEND A COPY OF BIRTH CERTIFICATE AND HAVE APPLICATION NOTARIZED

NOTICE: IF UNDER 18 YEARS OF AGE, THIS APPLICATION MUST BEAR THE NOTARIZED SIGNATURE OF PARENT OR LEGAL GUARDIAN, WHICH SHALL ACKNOWLEDGE WAIVER AND RELEASE OF ANY AND ALL CLAIMS SUCH PARENT OR LEGAL GUARDIAN MAY HAVE.

PARENT OR LEGAL GUARDIAN SIGNATURE (must be notarized) _____

STATE OF _____ SIGNED OR ATTESTED BEFORE ME _____ DAY OF _____, 20_____.
COUNTY OF _____ MY COMMISSION EXPIRES _____, 20_____.
NOTARY PUBLIC _____

OFFICE USE ONLY: DATE RECEIVED: _____

DATE ISSUED: _____ BY: _____