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

TODAY'S DATE_____

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL _____

E MAIL _____

DATE OF BIRTH _____ AGE _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

- **(MAILED IN) FULL ONE YEAR MEMBERSHIP $20.00 _____NEW _____ RENEWAL****
- **(EVENT SIGN-UP) FULL ONE YEAR MEMBERSHIP $25.00 _____NEW _____ RENEWAL****
- **SPECIAL ONE DAY <u>NON POINTS</u> MEMBERSHIP $10.00 _____ 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? If so, INITIAL HERE: _____

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**_____/_____/_____

MINOR RIDERS: IF THE RIDER IS UNDER 18 YEARS OF AGE, this application must bear the signature of both parents and/or legal guardians, which shall acknowledge waiver and release of any and all claims as indicated above on behalf of the rider or any such parents or legal guardians may have as a result of the rider's participation in IERA sanctioned events.

PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE(S) _____ _____

<u>IF MAILING THIS RELEASE FOR A MINOR DIRECTLY TO THE IERA:</u>

1. APPLICATION MUST HAVE A COPY OF MINOR'S BIRTH CERTIFICATE
2. SIGNATURE OF PARENTS ON APPLICATION 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:_____

Version 01.01.2018