



Iowa Enduro Riders Association

Off-Road Membership Application

Mail Applications to:

IERA MEMBERSHIP DIRECTOR

c/o Mike Black 2953 195th St Sidney, IA 51652

Make checks payable to: IERA



* TODAY'S DATE _____ AMA# _____ REQUESTED BIKE # _____

* FIRST NAME

 *LAST NAME

ADDRESS

& , 7 <

 STATE

 ZIP CODE

CELL

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E MAIL

OF BIRTH

 *AGE

 CLASS _____ BIKE BRAND _____

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

- FULL ONE YEAR MEMBERSHIP \$25.00 _____
- SPECIAL ONE DAY NON POINTS MEMBERSHIP \$10.00 _____ 1-DAY
- * MINOR REGISTERED ONLINE, SUBMITTING WAIVER AND SIGNATURES ONLY * __X__

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) _____

IF MAILING THIS RELEASE FOR A MINOR DIRECTLY TO THE IERA:

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: _____