APPLICATION FOR MEMBERSHIP

P.O. Box 718, Chandler, Arizona 85244, Phone: (480) 961-1903 / Fax: (480) 961-1842

I do hereby make application for membership to USA BMX and the American Bicycle Association (ABA). I understand that any membership issued by USA BMX and/or ABA is a privilege to participate and not a right. The license may be revoked, suspended or otherwise rendered invalid at any time either with or without cause by action of USA BMX and/or ABA, subject to the Rules and Regulations of USA BMX/ABA. I also agree that my email address will be added to a contact list for future correspondance. This information will not be shared or licensed to any third parties. **Memberships must be current through the end of the points season (December 15th) to earn rankings and awards**.

Today's Date: _____ ☐ Male ☐ Female

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: _____ Age: _____

E-mail Address: _____ Credit my membership to track: _____

Emergency Contact: _____ Phone: (_____) _____

PLEASE CHECK APPROPRIATE BOXES BELOW

STEP 1 ☐ **NEW MEMBERSHIP : Member #** ☐ **RENEWAL: Member #**

STEP 2 ☐ **STRIDER (MALE/FEMALE)** ☐ **NOVICE (MALE/FEMALE)** ☐ **INTER** ☐ **EXPERT** ☐ **GIRL** ☐ **PRO**

STEP 3

- ☐ **FIRST FAMILY MEMBER** (include subscription to PULL! Magazine) . . . . . **$ 60**
- ☐ **STRIDER** . . . . . **$ 30**
- ☐ **GOLD MEMBER** (Email required for race history updates & include subscription to PULL! Magazine) **$100**

You must provide serial numbers of previous family members to allow for discounted fees. PULL! Magazine will only be sent to the first family member.

- ☐ **SECOND FAMILY MEMBER. . . . . Member # of 1st Family Member:** _____ **$ 55**
- ☐ **THIRD & ADDITIONAL FAMILY MEMBERS . . . . Member # of 2nd Family Member:** _____ **$ 50**
- ☐ **PRO** . . . . . *(Social Security # required for U.S. Riders)* **Social Security #:** _____ **$ 70**
- ☐ **30 DAY TRIAL CONVERSION** *(Trial membership stub must be attached. Free 30-day trials are NOT APPLICABLE)* . . . . . **$ 35**
- ☐ **STRIDER UPGRADE** *(Conversion to Full membership)* . . . . . **$ 35**
- ☐ **PULL! MAGAZINE SUBSCRIPTION ONLY** . . . . . **$ 26**

MEDICAL RELEASE - ADDITIONAL CONDITIONS

1. The applicant and his/her representative agree that, in the event that the applicant requires medical or surgical treatment while under the supervision of USA BMX and ABA personnel in connection with any sponsored activity or trip, such USA BMX and/or ABA personnel may authorize medical treatment for the applicant. The applicant and his/her representative agree to pay for all medical, hospital, or other expenses which the applicant may incur as a result of such treatment.
2. As a participant in events sanctioned and/or promoted by USA BMX and ABA, the applicant and his/her representative hereby grant USA BMX and/or ABA and its legal assigns, representatives, and corporations the right and permission to copyright and/or use, publish and reuse and republish and license photographic pictures, video or audio that is or has been recorded as part or portion of a USA BMX and/or ABA event, photo-shoot or related activity. This release will also allow USA BMX and ABA to use the applicant's name and likeness as part of any advertising, marketing, sale of goods, or televised video production by USA BMX and ABA or if licensed to a third party.

Rider or Parent/Guardian: X _____

ALL MINORS MUST HAVE SIGNATURE OF PARENT /GUARDIAN.

Enclosed is my check for $ _____ Please charge my ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Acct. # _____ Expiration Date _____ $ _____

NOTE: *You must submit a copy of your* ***Birth Certificate within 30 days.***

3/31/2013 **APPLICANT MUST READ AND SIGN THE FRONT AND BACK OF THIS FORM. NO EXCEPTIONS. (OVER)**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the **USA BMX Racing Program** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue **USA BMX and/or ABA**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant:_____ Date: _____

Signature of participant: X_____

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: X_____