MOTOCROSS NORTHWEST INC.

MEMBERSHIP APPLICATION

\$15.00 PAID BY: Check One Print form Fill it out Bring it and pay at track	
Member No	
FIRST NAME MIDDLE INITIAL LAST NAME	
CITY STATE ZIP CODE	
BIRTHDATE TELEPHONE ()	
Check One Check One Check One OR Check One O-T-H (30-40) O-T (Over 40) INT Exp IR BEG 125, 250, Open WOMEN THIS IS A RELEASE:	
I understand that Motocross Northwest and its promoters cannot assume responsibility for any aspect of my safety and that when I participate in any sanctioned events, I do so voluntarily on my own assessment of my ability, the track course, all facilities, conditions, and assume all risk. I release and hold Motocross Northwest and its promoters harmless for any injury or loss to my person or property which may result therefrom.	
Signature Date	
NOTICE, IF UNDER 18 years of age, this release must bear the signature of parent or legal guardian which shall acknowledge a waiver and release any and all claims such parent or guardian may have.	
Parent or Guardian Signature	
Matagraga Northwest Inc PO Box 22742 - Portland Oregon 97797	