

# **LEE HOGAN BUILDING CHAMPIONS PROGRAM** **Nunawading & District Motocross Club**

## **DAY ONLY MEMBERSHIP**

**www.ndmx.com.au**

**Track:** Cnr Burwood Highway & Morack Road, Vermont South  
Tel: (03) 9887 4788 (Saturday & Sunday only)  
Membership queries: 0458 049 001

### **APPLICATION FOR DAY ONLY MEMBERSHIP**

**\$10.00** (includes ride fee) cash only

**WARNING:** This is an important document which affects your legal rights and obligations. Do not sign it unless you are satisfied that you have been given sufficient information about its contents.

#### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I/We understand and agree that:

I/We have read and understand the Rules and Regulations of the Club and agree to abide by these Regulations and Rules (A copy can be downloaded from the website). I am aware of all the "on site" notices and agree to observe same.

I/We understand that the rider and/or his/her parents/guardians are members of a recognised Ambulance Service or are insured against ambulance transportation costs. I understand and agree that the club, organisers and/or it's agents attending an injured rider may, at their discretion, call for an ambulance and the rider/parent/guardian named on the form will bear all associated costs.

I/We do not hold responsible in any way, and will make no claim against the Club or any of it's Members or Committee Members for any injuries to either person or property incurred by me/us while on any property under the control of the Club.

I/We hereby assume full responsibility for any risk or bodily injury, death or property damage incurred by me/us while on any property under the control of the Club whether caused by negligence of the Members or Committee members or otherwise.

I/We hereby acknowledge that motorcycling is a dangerous sport and involves the risk of serious injury and/or death and/or property damage.

I undertake to perform duties as delegated to me by the Club on riding days as required

I/We agree that non-performance of such duties cancels membership for applicants herein along with any penalties determined by the Club.

I/We understand that at times photographs may be taken of the member on this application and remain the property of the club to use at its discretion.

I have read this release and waiver of liability, assumption of risk and indemnity agreement and I fully understand its terms, and understand that I have given up substantial rights by signing it.

I/We understand that this is a day membership only and does not entitle me to ride at the track without becoming a financial member.

**Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Either parent / legal guardian or applicant if over the age of 18 years must sign the above.

# LEE HOGAN'S BUILDING CHAMPIONS PROGRAM

## Nunawading & District Motocross Club

### DAY MEMBERSHIP APPLICATION

\$10 per rider cash only (INCLUDES RIDE FEE)

**Yellow Flag** – Slow down, no jumping & no overtaking

**Red Flag**- Stop immediately & await instructions

Riding is prohibited in the Car Park

See Committee member for your session times

Riding at the track is not be permitted unless you are a member

Trespassers will be prosecuted and membership cancelled

### APPLICANT DETAILS

please print

SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

MOBILE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: case sensitive \_\_\_\_\_

### RIDER DETAILS

Surname	First name	Date of birth	Bike size	Bike No
		/ /		

### Is rider a member of Ambulance Victoria?

please circle: Yes / No\*

NDMCC recommends riders are Ambulance Victoria members as it is to the discretion of committee members to call for an ambulance in case of injury. An ambulance WILL be called for all suspected head & neck injuries.

### Emergency contact in case of injury

Contact Name: \_\_\_\_\_ Relation to rider: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Signature of applicant\*

Print name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: / /

\*if rider is under 18 parent or legal guardian must sign below:

Parent / Legal Guardian name: \_\_\_\_\_

Parent / Legal Guardian sign: \_\_\_\_\_

Payment \$

Receipt #

Date