



NUNAWADING & DISTRICT MOTOCROSS CLUB

Cnr Morack Rd & Burwood Hwy, Vermont 3133

Track phone: (03) 9887 4788

ABN: 33 285 144 586

APPLICATION FOR 12 MONTH MEMBERSHIP

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.

I/We hereby apply for the following membership: **FAMILY / SINGLE**

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK & 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 (please circle preferred day for duty – overleaf).
- 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 a FAMILY membership ONLY covers either or both parents/guardians and the child/children of either or both parents/guardian living at the same address. (ie. family home). If a rider is over 18 and living away from the family home then a SINGLE membership must be purchased for that rider.
- 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/we understand that if a rider is under the age of 18 that they will at all times have a parent/guardian with them on the premises.
- 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.

Name: _____ Date: _____

Signed: _____

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



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ANNUAL MEMBERSHIP APPLICATION

Membership is valid for 12 months from date of purchase

FAMILY: \$200.00 SINGLE: \$150.00

Your membership fee contains a bond of \$50.00 which is redeemable back to you if you choose to do a track duty on one of our ride days.
Track duty consists of 3.5 hours on either a Saturday morning or afternoon, Sunday afternoon or Wednesday afternoon.
You can volunteer for duty at any time.

Membership cards must be presented upon sign in. NO CARD = NO RIDE
(Please show your receipt until you receive your membership card. Cards will be sent out in the mail)

APPLICANT DETAILS – ALL details must be filled in below box

(please print)

SURNAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

MOBILE: _____ EMAIL: _____

ARE YOU A CURRENT MOTORCYCLING VICTORIA (MV) LICENCE HOLDER: YES / NO, - NUMBER: _____

RIDER DETAILS

please include details of all riders

SURNAME	FIRST NAME	Date of birth*	Bike size	Bike No
		/ /		
		/ /		
		/ /		
		/ /		

Are above riders members of Ambulance Victoria? YES / NO*

* NDMX recommends riders are Ambulance Victoria members as it is to the discretion of committee to call for an ambulance in case of injury.
An ambulance WILL be called whether you are an ambulance member or not for all suspected head, neck, broken limbs etc

Emergency contact in case of injury

Contact Name: _____ Mobile phone: _____

Relationship to rider: ie. father/mother/wife

Signature of applicant or Parent/Guardian (if rider under 18)

Print name: _____

Signature: _____ Date: / /

OFFICE USE: RECEIPT NO: _____

(please circle) : **RENEWAL / NEW MEMBER**

MEMBERSHIP WILL EXPIRE ON: ____ / ____ / ____ (12 months from purchase)