



# NUNAWADING & DISTRICT MOTOCROSS CLUB

Cnr Morack Rd & Burwood Hwy, Vermont 3133  
ABN: 33 285 144 586

## DAY MEMBERSHIP APPLICATION

\$50.00 Junior & Senior / \$20.00 peewee

Families: \$70.00 for 2 riders or \$90.00 for 3 or more (must be from same household)(INCLUDES RIDE FEE)

**YOU MUST HOLD A MA/MV LICENCE TO RIDE AT THE TRACK ) 1 day event/annual  
PROOF OF LICENCE TO BE SHOWN AT SIGN IN**

### RIDER DETAILS

Name:	<input type="text"/>	Date of birth:	<input type="text"/>
Address:	<input type="text"/>		
Email:	<input type="text"/>	Mobile:	<input type="text"/>
		Bike Size / N°:	<input type="text"/>

(for additional riders living at the same address, please fill out "Additional Rider form")

### EMERGENCY CONTACT IN CASE OF INJURY

Contact Name:	<input type="text"/>	Mobile:	<input type="text"/>
Relationship to rider:	<input type="text"/>		

### Signature of Applicant

I confirm that I have read the Release and Waiver of Liability, Assumption of Risk & Indemnity Agreement below and are satisfied that I have been given sufficient information about its contents.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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If rider is under 18- parent /legal guardian or nominated guardian must sign below (Guardianship form to be filled out)

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

**OFFICE: MA/MV Licence sighted YES / NO**

Total payment: Card /Cash: \$

**NOTE:** 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**

#### 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 motocrossing 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.
- Please note: If applicant is under 18- parent/legal (court-appointed) guardian or nominated guardian as per guardianship form must sign both indemnity & application forms



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## ADDITIONAL RIDERS FORM

Day membership  
(must live at same address)

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Bike Size / Number: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Bike Size/Number: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Bike Size / Number: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Bike Size / Number: \_\_\_\_\_