



High Rocky Riders Membership Application

The High Rocky Riders Off Road Club (HRR), is dedicated to family oriented recreation involving off road motor vehicle activities.

This application is for membership in the HRR and includes everyone at the same address. Membership is valid for the 12 months following the date of this application.

PLEASE PRINT CLEARLY

Name: _____ Mailing Address: _____
Spouse or Other Name: _____ City, State: _____
Email Address: _____ Zip: _____ Phone: _____

The HRR uses additional contributions for trail maintenance and support of various community organizations.

Membership in the HRR	\$25	Make check payable to <u>[High Rocky Riders Off Road Club]</u> Send check and this completed form to:
Additional contribution to HRR	_____	
Total	_____	

High Rocky Riders Off Road Club
P.O. Box 1810
Buena Vista, CO 81211-1810

Release of Liability / Waiver of Liability

Definitions:

HRR: The High Rocky Riders Off Road Club, Inc.

RELEASED PARTIES: The HRR and any of its representatives, agents, directors, officers, members, ride coordinators, fellow riders and all others who may be associated with the HRR.

RELEASED ACTIVITIES: Any and all activities in which the RELEASED PARTIES either alone, or in conjunction with others has, or may have had, participation in the planning, promotion, preparation, or implementation of the activity. These activities include, but are not limited to: Operating a motorized vehicle, hiking through rough terrain, traveling by any and all forms of conveyance, accidents or illnesses that may occur in remote places without medical facilities, the forces of nature and consuming food, or drink that may be offered.

MINOR: Any person who by applicable law is considered to be a minor.

EXPIRATION DATE: This Release of Liability and Waiver of Liability has **NO EXPIRATION DATE.**

By signing below, I acknowledge that the RELEASED ACTIVITIES,

and all other activities associated with, or conducted by, the

RELEASED PARTIES may be hazardous, and may result in accident, loss, damage, injury, or death to myself. In consideration of the opportunity to participate in such activities and with full knowledge of the aforementioned dangers, and intending to be legally bound, I hereby agree for myself and on behalf of all others to RELEASE the RELEASED PARTIES from any and all liability, all claims, demands, or any causes of action, and **NOT TO SUE OR OTHERWISE MAKE ANY CLAIM** against the RELEASED PARTIES whatsoever which may arise from my participation in any activities of the RELEASED PARTIES.

I intend this RELEASE OF LIABILITY to be effective whether or not my accident, loss, damage, injury, or death RESULTS FROM THE NEGLIGENCE of any other person, condition, or situation. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities associated with the RELEASED PARTIES.

I also agree to INDEMNIFY and hold the RELEASED PARTIES HARMLESS from all claims, judgments, expenses, and costs, incurred in connection with any claims brought as a result of my participation in activities associated with the RELEASED PARTIES, including, but not limited to, attorney's fees.

This RELEASE AND WAIVER OF LIABILITY is given in the

interest of permitting the RELEASED PARTIES to serve the community

and for willing people to feel free to donate their services and to help each other without fear of liability. My release is given in exchange for participation in activities associated with the RELEASED PARTIES and with the knowledge that similar waivers are granted on my behalf by all others.

Further, if I am the parent, or legal guardian of a MINOR, I hereby consent to the terms of this RELEASE AND WAIVER OF LIABILITY on behalf of said MINOR and give my consent to the participation of said MINOR in all activities conducted by the RELEASED PARTIES on the same terms and conditions as stated above.

(415-3.0)

Everyone covered by this application must sign below.

Printed name _____	Signature: _____	Date: _____
Printed name _____	Signature: _____	Date: _____
Printed name _____	Signature: _____	Date: _____
Printed name _____	Signature: _____	Date: _____