

Western Slope ATV Association

P.O. BOX 4283 • GRAND JUNCTION, CO 81502-4283
www.wsatva.org

2016 Application Form

Please fill out all fields completely

Date

NAME: BIRTHDAY -- Month: Day:

MAILING ADDRESS:

CITY: STATE: ZIP: -

HOME PHONE: CELL PHONE:

E-MAIL:

TYPE OF MACHINES RIDDEN:

CHECK ONE BOX FOR NEWSLETTER DELIVERY: E-MAIL POSTAL DELIVERY

ADDITIONAL MEMBERS OF YOUR FAMILY

SPOUSE/SIGNIFICANT OTHER: BIRTHDAY -- Month: Day:

NAME: BIRTHDAY -- Month: Day:

NAME: BIRTHDAY -- Month: Day:

**WESTERN SLOPE ATV ASSOCIATION CLUB DUES ARE \$30.00 PER FAMILY (as of 10/1/2014)).
DUES ARE PAYABLE IN JANUARY OF EACH YEAR OR WHEN A NEW MEMBER JOINS.**

Make Checks Payable To:
WESTERN SLOPE ATV ASSOCIATION
P.O. BOX 4283
GRAND JUNCTION, CO 81502-4283

PLEASE READ AND SIGN WSATVA WAIVER AND RELEASE AND RETURN WITH APPLICATION - THANKS

WSATVA WAIVER AND RELEASE

I, the below named Participant, being at least 18 years of age or the parent or guardian of a minor, in consideration of being permitted by Western Slope ATV Association to participate in, all activities, rides, or outings in association with Western Slope ATV Association, hereby WAIVE, RELEASE, and DISCHARGE the officers, directors, board members, employees, members, agents, assigns, legal representatives and successors, or any business associates and partners involved in or with the membership of Western Slope ATV Association, from all liability for or by reason of damage, loss or injury to person or property, even injury resulting in death of the Participant, which has been or may be sustained in consequence of participating in any Western Slope ATV Association rides, outings or activities, and notwithstanding that such damage, loss, or death may have been caused solely or partly by the negligence of Western Slope ATV Association.

I hereby acknowledge and agree that I have carefully read this Waiver and Release, that I fully understand same, and that I am freely and voluntarily executing same. By signing this Waiver and Release I will be forever prevented from suing or otherwise claiming against Western Slope ATV Association for any property loss or personal injury or death that I may sustain while attending and/or participating in any activities involving Western Slope ATV Association.

I acknowledge that I am informed and understand both the major and minor hazards and risks (which may include sprains, strains, dislocations, teeth (loosened/broken/knocked out), amputations, cuts, bruises, breaks, head injuries, paralysis, up to and including death) associated with my membership, participation, and/or attendance. I understand and accept those hazards and risks. I have determined whether I have adequate separate personal insurance to cover all harm that I or my family may suffer due to attendance or participation in any Western Slope ATV Association club or related activity and I have personally obtained all insurance protection that I want. I understand that I will not be permitted to participate in any activity, ride or outing unless I sign this Waiver and Release.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND I AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST WESTERN SLOPE ATV ASSOCIATION.

Name of each family member: (Do not sign unless you are age 18 or older. For families at least one of the participants must be 18 or older, and a parent or guardian must sign for family members under the age of 18.)

By selecting the "I ACCEPT" button, you are signing this waiver electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this Waiver.

<input type="text"/>	<input type="checkbox"/> I ACCEPT	<input type="text"/>
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Participant Name

Date

<input type="text"/>	<input type="checkbox"/> I ACCEPT	<input type="text"/>
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Participant Name

Date

<input type="text"/>	<input type="checkbox"/> I ACCEPT	<input type="text"/>
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Participant Name

Date

<input type="text"/>	<input type="checkbox"/> I ACCEPT	<input type="text"/>
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Participant Name

Date

Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
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Emergency Contact:	<input type="text"/>	Emergency Phone	<input type="text"/>
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