

North Country ATV Association

NYTRO of Eastern NY

A Division of NYTRO Inc.

Membership Information and Application

Individual Annual Membership is \$150.00 per year, Due September 1

Family Annual Membership is \$175.00 per year, Due September 1

*******Spring Special*******

Ride April 1, 2010 – August 30, 2010 for just:

\$100 Individual / \$125 Family

Membership fee goes towards the land lease and club insurance.

You must be Registered and Insured to become a member!

Name: _____ Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Date: _____ Email: _____

Machine Information

Year: _____ Make: _____ Model: _____ CC: _____

Year: _____ Make: _____ Model: _____ CC: _____

Year: _____ Make: _____ Model: _____ CC: _____

Year: _____ Make: _____ Model: _____ CC: _____

Family Membership Information:

Spouse's Name: _____, Children under 18 :

1st _____ *2nd* _____ *3rd* _____ *4th* _____

Please supply plate number to your tow vehicle

Tow Vehicle Information:

Plate #1: _____ Plate #2: _____

Please include a copy of your Registration & Insurance with your check payable to NCAATVA

North Country ATV Association NYTRO of Eastern NY , PO Box 136 Greenfield Center NY 12833

www.NCAATVA.com

www.NytroEast.com

president@ncatva.com

trailcoordinator@ncatva.com

Your application will not be accepted unless the following Waiver and Release is signed.

**North Country ATV Association NYTRO of Eastern NY a division of NYTRO Inc.
Waiver and Release**

I, the applicant (Releasor), being at least 18 years of age or the parent or guardian of a minor, in consideration of being permitted to become members in the NORTH COUNTRY ATV ASSOCIATION NYTRO OF EASTERN NY A DIVISION OF NYTRO INC. and ANY of its Chapters (Releasees), WAIVE, RELEASE, and DISCHARGE the Releasees, officers, directors, employees, members, land owners, agents, assigns, legal representatives and successors, any business associates and partners involved in the membership of the above noted Club or its chapters, from all liability for or by reason of damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in Club or Chapter membership, rides, outings, or activities, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasees.

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 the Releasees for any property loss or personal injury that I may sustain while attending and/or participating in any activities involving the above noted Club or one of its chapters OR Land Owners.

I acknowledge that I am informed and understand both the major (up to and including death) and minor hazards and risks associated with my membership, participation and/or attendance. I understand, accept and assume those hazards and risks of off road recreation. Therefore, I have determined whether I have adequate separate personal insurance to cover all harm that my family or I may suffer due to attendance or participation in any Club or Chapter related activity and I have personally obtained all insurance protection that I want.

I understand that I will not be permitted to become a member of the above noted Club and Chapter 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 THE RELEASEES.

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

Print Name Signature Date

Print Name Signature of Parent or Guardian Date

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