

Central Texas Trials Association (CTTA) Membership Form:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

Email address: _____

If Family Membership, list all participating family members (signature required if 18 or older):

Name: _____ **Sex:** _____ **DOB:** _____ **Signature:** _____

Emergency Contact:

Name: _____ **Phone #:** _____

AMA:

Membership #: _____ **Expires On:** _____

Select the Membership Type:

Individual: \$15 per year **Family:** \$25 per year **Lifetime:** \$240

Liability Release

I know that riding and volunteering to work in club events are potentially hazardous activities. I should not enter and ride in club activities unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to any ability to safely complete the event. I assume all risks associated with riding and volunteering to work in club events including, but not limited to: falls, contact with other participants, the effects of the weather including high heat and humidity, the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Central Texas Trials Association, and all sponsors, their representatives and successors from all claims or liabilities of any kind, arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver..

Signed: _____ **Date:** _____

I have read and understand the privileges and responsibilities of CTTA membership. Initial _____