



FOR OFFICE USE ONLY
DEP# _____
CASH _____
C.C. _____

**Wild Rose Motocross Association**  
**Box 87030 Douglas Square RPO**  
**Calgary, Alberta, T2Z 3V7**  
**(403) 240-4025**

Date: \_\_\_\_\_

### Membership Application 2020

**READ**

The Wild Rose Motocross Association (WRMA) was formed in 1984 and is incorporated under the Alberta Societies Act (50322681).

Prior to participation in any WRMA events or using any of the WRMA facilities you are required to become a member of the Wild Rose Motocross Association and abide by the WRMA By-Laws, Rules and Regulations.

Applicants must read and understand the rules, regulations, liability restriction and waivers imposed and applied by the WRMA on an ongoing basis. Failure to abide by the rules and regulations by any member may result in termination of that membership. WRMA hereby reserves the right to terminate membership and restrict privileges for any reason. Once granted, memberships are not transferable and use by anyone other than the signed member constitutes fraud.

**Memberships expire on February 28, 2021.**

**Please email to: [wrma@shaw.ca](mailto:wrma@shaw.ca)**

**If you were not a member recently, please also send a headshot, looking straight at the camera and no sunglasses or hats, please.**

Fees:	Peewee 6 years & under (Born after 2014)	\$ <del>100.00</del> <del>\$80.00</del> \$40.00
	Kids 7-10 years (Born between 2010 - 2013)	\$ <del>200.00</del> <del>\$160.00</del> \$80.00
	Women & Youth 11-17 years (Born between 2003-2009)	\$ <del>300.00</del> <del>\$240.00</del> \$120.00
	Adult Male (Born before 2002)	\$ <del>550.00</del> <del>\$440.00</del> \$220.00
	Family (Includes Mom, Dad & any number of kids' under 18 yrs.)	\$ <del>1000.00</del> <del>\$800.00</del> \$400.00

<u>Name</u>	<u>DD/MM/YY</u> <u>Date of Birth</u>	<u>Requested</u> <u>Membership #</u>	<u>Permanent</u> <u>Amount</u>	<u>Card P/U</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**Total: \$** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone C \_\_\_\_\_ H \_\_\_\_\_ W \_\_\_\_\_

Email: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**  
**Participation, Waiver and Indemnity Agreement**

To be completed by applicant – parent, if rider is under 18 years of age.

\_\_\_\_\_, (the “Participant” and/or “Member”) wishes to become a member of the Wild Rose Motocross Association (“WRMA”) and enjoy all the privileges of membership in the WRMA including participation in WRMA sponsored events and use of WRMA facilities (such facilities specifically meaning and including Wild Rose Motocross Park as located in the City of Calgary).

The Participant recognizes that motocross and related activities are inherently dangerous motorsports and acknowledges that WRMA must require the Participant, as a prerequisite to membership, to agree to assume full responsibility for any loss or injury he suffers and to indemnify WRMA for any costs and/or damages incurred by WRMA occasioned while the Participant is at or while using WRMA facilities or participating in events at the facilities whether or not such events are sponsored or controlled by WRMA.

Providing the participant meets all other qualifications of the WRMA Rules and Regulations, WRMA will accept the Participant as a member upon the Participant agreeing that:

1. The Participant shall and does hereby waive, release and indemnify the WRMA from any and all claims whatsoever he or any of his representatives may have due to any loss or injury he may suffer in any way relating to his participation in WRMA activities or his use or presence upon WRMA facilities or at WRMA sponsored or non-WRMA sponsored events.
2. The Participant agrees that, in consideration for accepting him as a member and permitting him access to WRMA facilities, he shall reimburse and indemnify WRMA for any and all costs, damages or expenses incurred or suffered by WRMA as a result of any claims for loss or injury, howsoever caused, that the Participant or their representatives may have or bring against the WRMA.
3. The Participant agrees to reimburse and indemnify WRMA for any and all costs, expenses, awards for damages or other losses the WRMA may have to pay regarding claims any other Participant or his representatives may have resulting from the Participant’s use of WRMA’s facilities or participation in WRMA sponsored or non-sponsored activities.
4. The Participant hereby waives his right to make claims and agrees he will not make any claims against the WRMA regardless of whether such loss or injury is wholly or partly caused in whole or in part by the negligence or gross negligence of WRMA.
5. The term “WRMA” includes all members, officers, directors, employees, volunteers and representatives of the Wild Rose Motocross Association.
6. The Participant will obey and abide by any and all rules and regulations of the WRMA at any and all times.
7. If the Participant is a minor, the Parent or Legal Guardian of the Participant shall execute this agreement on their behalf and by doing so agrees to assume full responsibility for any loss or injury suffered by the Participant while using the WRMA facilities or participation in WRMA sponsored or non-sponsored activities, and agrees to be bound by all the terms of this Agreement in the place and stead of the Participant.
8. The Participant shall ensure that friends, associates, or other individuals who he may bring into WRMA facilities or events shall obey all of the rules and regulations of WRMA and the Participant agrees to be responsible for the actions of such individuals, etc., and shall indemnify WRMA for any losses suffered by WRMA as a result of actions or things done by such friends, associates, or other individuals who he brings to WRMA facilities.

**I HEREBY DECLARE THAT I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THE PARTICIPATION, WAIVER AND INDEMNITY AGREEMENT ON THE REVERSE OF THIS PAGE, AND CONFIRM THAT I MAKE THIS DECLARATION ON MY BEHALF AND ON BEHALF OF THOSE UNDERAGE FAMILY MEMBERS NAMED ABOVE.**

**Dated: this** \_\_\_(day), **of the** \_\_\_\_\_(month), **of the year** \_\_\_\_\_A.D.

**Adult Applicant’s or Parents or Guardian’s Signature:** \_\_\_\_\_

**Adult Applicant’s or Parents or Guardian’s Print Name:** \_\_\_\_\_

**Witness (name and signature):** \_\_\_\_\_