



White Mountain Open Trails Association Inc.
APPLICATION FOR MEMBERSHIP

P.O. Box 833
Show Low, Arizona 85902
www.wmota.org

Name (Print): _____ Spouse (print): _____

Address (Print): _____ City : _____ State : _____ Zip : _____

E-mail: _____ Home Phone #: _____

Cell Phone #: _____ Birth Dates: Member: Mo. ___ Day ___ Spouse: Mo. ___ Day ___
(Year of birth not needed)

Annual Membership Dues :

<u>Category</u>	
Family	\$25.00
Single	\$15.00
Business	\$100.00

Other Family member's names: 1. _____ 2. _____ 3. _____

!!!IMPORTANT WAIVER!!!

I/We recognize that riding an ATV is a hazardous activity that can result in serious personal injury or death. I/We accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface or sub-surface conditions on and off the trails and roads, collisions with other ATVs including other riders, and collisions with devices used to mark the boundary of trails or roads.

In consideration of my/our participation in the events and rides of the White Mountain Open Trails Association, Inc., I/We hereby release and agree to hold harmless and indemnify the White Mountain Open Trails Association, Inc., their officers, directors, committees, employees and agents from all claims, injuries, or liabilities caused by or created by my/our participation . Riders must carry their own medical and accident insurance.

I/We have carefully read this agreement and the release of liability and fully understand its contents. I/We are aware that this release of liability is a contract between the White Mountain Open Trails Association, Inc, and myself/us and I/We sign it of my/our own free will. My/our signatures signify that I/We have read and agree with this release.

Signature: Applicant: _____ Date: _____

Spouse: _____ Date: _____

(If under 18, parent or guardian must sign)

White Mountain Open Trails Association, Inc. Use Only

Date Received: _____ Received by: _____ Check # _____ Amount \$ _____