



**COASTAL MOTOCROSS CLUB INC.**

**P.O. Box 735 Ulverstone Tas 7315**

**2012**

**ALL ENQUIRIES TO 0427 272 751 or [www.cmxc.com.au](http://www.cmxc.com.au)**

**Application for Club Membership**

**SURNAME:**..... **First Names:**..... **D.O.B:**..... **AGE:**.....

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**ADDRESS:**..... **Post Code:**.....

**POSTAL ADDRESS:**..... **Post Code:**.....

**TELEPHONE:**..... **MOBILE:**..... **EMAIL:**.....

**Membership Fees:**..... **M.A. Licence Number:**..... **Expiry Date:**.....

Single Membership: \$40.00 Junior or Senior  
Family Membership: \$50.00 (2 riders same family)  
Please Note: Family membership includes Grandparents, Parents, Siblings & Guardian.

**Please write names:**.....

**SUBSCRIPTION FEE ENCLOSED:** \$.....

**Job Description/Trade** .....

**I give permission for the CMXC to give my details to event organisers etc:**    
Eg: Schools or clinics that may be coming to the CMXC. Yes No

**CONDITIONS OF ENTRY:**

I hereby acknowledge that I make this application, and if permitted to attend the rally or race meet as a competitor, spectator or assistant, will do so, on the following conditions and not otherwise:

That the organiser accepts no responsibility whatever for, and will not be liable for death of or injury to any person including myself, or loss of or damage to any property including my own, however any such death, injury or loss or damage may be caused, and whether or not it is caused by or otherwise arises out of any act or omission or breach of contractual or tortuous duty other than by negligence, on the part of the organiser, his servants or agents.

No person whether on behalf of the organiser or not has the authority or power to vary or abrogate the above condition either in part or whole.

The entrant will be bound by the below written indemnity.

**INDEMNITY**

I hereby, in consideration of my being permitted to participate in any event at the above race/rally meets, agree to full indemnity, the above or- ganiser against any claim at law or otherwise by any other person, whether spectator or not, for damages or compensation for death, injury, loss or damage to person or property caused or arising directly or indirectly by my participation in the above event.

**Full Name & Signature of Parent or Guardian of Entrant Under 18:**

**Name:**..... **Signature:**.....

**Signature of Entrant Over 18:**.....

***I hereby agree being a Parent/Guardian of the above entrant to attend flag marshal briefings and assist as a flag marshal at least one complete round when the above entrant competes at Club Events.***