RENEWAL SIGNATURE FORM

P.O. Box 718, Chandler, Arizona 85244, Phone: (480) 961-1903
/ Fax: (480) 961-1842

I do hereby make application for membership to USA BMX / BMX Canada and the American Bicycle Association (ABA). I agree to comply with all rules and regulations for all activities and understand that I am fully responsible for my actions. Memberships must be current through the end of the points season (December 15th) to earn rankings and awards. I also agree that my email address will be added to a contact list for future correspondence. This information will not be shared or licensed to any third parties. Completed forms may be scanned and returned to membership@usabmx.com

Name: _____ Member #: _____

Date of Birth: _____ E-mail Address: _____ Home Track: _____

Check Proficiency: ☐ **BALANCE BIKE (M/F)** ☐ **NOVICE (M/F)** ☐ **INTER** ☐ **EXPERT** ☐ **GIRL** ☐ **PRO**

MEDICAL RELEASE - ADDITIONAL CONDITIONS

The applicant and his/her representative agree that, in the event that the applicant requires medical or surgical treatment while under the supervision of USA BMX, BMX Canada, and ABA personnel in connection with any sponsored activity or trip, such USA BMX, BMX Canada, and ABA personnel may authorize medical treatment for the applicant. The applicant and his representative agree to pay for all medical, hospital, or other expense which the applicant may incur as a result of such treatment.

Pursuant to the USA BMX, BMX Canada, and ABA Concussion Policy, applicant authorizes disclosure to USA BMX, BMX Canada, and ABA by any medical evaluator associated with a USA BMX, BMX Canada, and ABA activity of any health information about applicant, related to injuries that applicant sustained during a race or other USA BMX, BMX Canada, and ABA activity that may indicate applicant has suffered a concussion. This information will be used by USA BMX, BMX Canada, and ABA in applying their post-concussion protocol procedure for purposes of determining if and/or when applicant is medically cleared to continue participating in the sport. Applicant further understands and agrees that USA BMX, BMX Canada, and ABA may give notice to member clubs and organizers of USA BMX, BMX Canada, and ABA sanctioned races that post concussion medical clearance is required before applicant returns to participation in the sport.

As a participant in events sanctioned and/or promoted by USA BMX, BMX Canada, and ABA, the applicant and his/her representative hereby grant USA BMX, BMX Canada, and ABA and its legal assigns, representatives and corporations the right and permission to copyright and/or use, publish and reuse and republish and license photographic pictures, video or audio that is or has been recorded as part or portion of an USA BMX, BMX Canada, and ABA event, photo-shoot or related activity. This release will also allow USA BMX, BMX Canada, and ABA to use the applicant's name and likeness as part of any advertising, marketing, sale of goods, or televised video production by USA BMX, BMX Canada, and ABA or if licensed to a third party.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the USA BMX Racing Program I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue USA BMX, BMX Canada, and the American Bicycle Association, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND MEDICAL RELEASE - ADDITIONAL CONDITIONS, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant: _____ Date: _____

Signature of participant: X _____

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: X _____