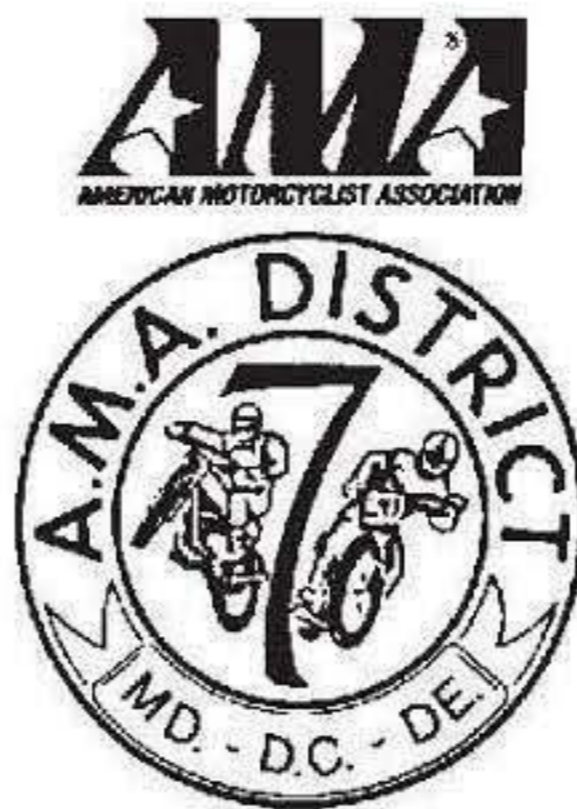


IMPORTANT — All applicants under 18 years old must have application notarized; otherwise it will be returned.

NOTE: With this application additional cards for different phases of the sport are \$5.00 each. During the year additional cards are \$6.00 each.

APPLICATION FOR AMATEUR COMPETITION

Return To:
Motorcycling Unlimited of AMA
 District # 7
 P.O. Box 320
 Monkton, Maryland 21111



PLEASE CHECK

Do Not Write In This Space — Office Use Only

Date Rec'd _____ Check No. _____
 MU7# _____ Cycling East _____
 Class _____
 Returned _____

FILL OUT COMPLETELY—PLEASE PRINT

CHECK ONE	CHECK ONE
New _____	____ Youth (Under 16) (NOTARY REQUIRED)
Renewal _____	____ Amateur

Observed Trials		HS/ENDURO	DIRT TRACK/ROAD	FEES ENCLOSED	
Classes	Line	____ Hare Scrambles A-B-C	____ Dirt Track A-B	First Card	\$25.00
____ A	1/INT	____ Vet Hare Scrambles	____ Senior Dirt Track	Add'l Cards @ \$5.00	_____
____ AB	2/NOV	____ Senior Hare Scrambles	____ Youth Dirt Track	Total Enclosed:	_____
____ B	3/BEG	____ Quad Hare Scrambles	____ Road Rider	Please Do Not Send Cash	
____ C	4/BEG	____ 4-Stroke Hare Scrambles	____ Road Passenger		
		____ Womens Hare Scrambles	Other _____		
		____ Enduro			
		____ Dual Sport			

AMA # _____ EXPIRATION DATE: _____ MO _____ YR _____ # OF YEARS AMA MEMBER _____

NAME: _____ LAST _____ FIRST _____ MIDDLE INITIAL _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ DATE OF BIRTH: _____ MO _____ DAY _____ YEAR _____ AGE: _____ SEX: b M b F

EMAIL ADDRESS: _____

What is your present riding number? _____ Do you hold a Professional Card? b Yes b No What is your present classification? (A, B, C, etc.) _____

Are you a registered voter? b Yes b No What county do you live in _____ How many registered voters in your family? _____

What size bike do you ride? _____

Have you ever held an Amateur Competition Card? b Yes b No Last Year Held? _____ Are you a member of any other district? b Yes b No Which one? _____

★ HAVE YOU FILLED IN ALL QUESTIONS? ★

In consideration of being granted an Amateur Competition Card and in consideration of being permitted to participate as a rider or a pit crew in Amateur events sanctioned by the American Motorcycle Association:

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

Applicant acknowledges the substantial risk of injury to person and property arising from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events. Applicant hereby assumes all risk of loss, damage or injury (including death) to applicant's person or property from any cause whatsoever, whether or not such cause is attributable to the negligence of others.

Applicant hereby releases, discharges, and agrees to hold harmless and indemnify the American Motorcyclist Association, Motorcycling Unlimited of AMA District 7, sponsoring clubs and organization, promoters, officials, fellow participants, land owners, and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to applicant, applicant's property or applicant's family, while participating in motorcycling events or while upon, entering or departing from the premises upon which such motorcycling events are conducted.

Have You Completely Read This Application? _____

We hereby make oath and say that to the best of our knowledge and belief, all statements set forth in this report are true and correct.

NOTICE: IF UNDER 18 years of age this application must bear the notarized signatures of both parents or guardians which shall acknowledge a waiver and release of any and all claims such parent or guardians may have.

Signature of Rider _____ Date: _____ *SIGNATURE OF BOTH PARENTS AND NOTARY REQUIRED IF UNDER 18 <input type="checkbox"/> Check here if you have sole custody of your child Signature of Mother / Guardian _____ Signature of Father / Guardian _____ Printed Name of Mother / Guardian _____ Printed Name of Father / Guardian _____ Yearly Membership Fee Must Accompany This Application DO NOT SEND CASH IN THE MAIL	Sworn and Subscribed before me _____ (SEAL) In (city, state) _____ On this _____ day of _____, 20____ Name _____ Notary Public of: _____ My Commission Expires _____
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