



**Panhandle Riders Association
Membership Application
PO Box 61, Ponderay, ID 83852**

Date: _____

Name: (Print) _____

Spouse's Name: (Print) _____

Address: (Print) _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Children _____ **Age Group: 5-11** (____) **12-17** (____)

Check all that apply: **ATV** **Motorcycle** **Sport Quad** **UTV**

Annual Membership Dues (valid calendar year from Jan-Dec): **New** **Renewal**

Individual \$15.00 **Family \$20.00** **Business \$25.00**

IMPORTANT WAIVER

(Please read and initial each statement)

_____ *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 or sub-surface conditions on and off the trails and roads, collisions with other ATV's including other rides 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 Panhandle Riders Association., Inc., I/We hereby release and agree to hold harmless the Panhandle Riders Association., Inc., their officers, directors, committees, employee, volunteers and agents from all claims.*

_____ *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 Panhandle Riders Associations, 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.*

Member Signature

Spouse Signature

Please make check payable to: Panhandle Riders Association