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Print this form, fill it out, sign it and bring it to the BMX park office.

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**AMERICAN BICYCLE ASSOCIATION**  
P.O. Box 718, Chandler, Arizona 85244, (480) 961-1903

**APPLICATION FOR TRIAL MEMBERSHIP**

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I do hereby make application for membership to the American Bicycle Association. I also agree to comply with all ABA rules and regulations for all activities and understand that I am fully responsible for my actions. I understand that my membership will be valid for a 30-day period from the date joined.

Today's Date

Expiration Date

Name (please print)

Street Address

City

State

Zip

Phone

Date of Birth

Age

E-mail Address

**WAIVER OF CLAIM - MEDICAL RELEASE - ADDITIONAL CONDITIONS**

1. The applicant warrants that he is either an adult in the state where he lives or that the person signing as his representative is his custodial parent or duly appointed legal guardian.
2. The applicant and his representative recognize that BMX is a sport where there exists the potential for serious bodily injury, disability, paralysis, and death. In consideration for the participation in all ABA BMX activities, the applicant hereby agrees to release and covenants not to sue the ABA, the owners, officers, directors, employees, agents, successors and assigns (hereafter collectively "ABA") and track owners, operators, officials, sponsors and participants, their owners, officers, directors, employees, agents, successors and assigns (hereafter collectively "Others"), from all liability, including liability based on the negligent or intentional acts by the ABA and Others for damages, loss or injuries, either to applicant's person or his property which may be sustained while engaged in any activity conducted by or in connection with the applicant's ABA membership.
3. The applicant and his representative hereby agree to defend, indemnify and hold the ABA and Others harmless from any damages, claims, demands, causes of action or suits, including those based on the negligence or intentional acts of the ABA and Others, which arise out of damage, loss or injury to either the applicant or his property made by the applicant or anyone on the applicant's behalf.
4. The applicant and his representative agree that, in the event that the applicant requires medical or surgical treatment while under the supervision of ABA personnel in connection with any sponsored activity or trip, such ABA personnel may authorize medical treatment for the applicant. The applicant and his representative agree to pay for all medical, hospital, or other expenses which the applicant may incur as a result of such treatment.
5. I also hereby grant to the ABA and its employees, agents, and assigns the right to photograph me and use my picture, silhouette, and other reproductions of my physical likeness as it may appear and any still camera photograph or videotape. The applicant also expressly grants to the ABA, its employees, agents and assigns the right to use any photograph, silhouette, or other reproduction of the applicant's physical likeness in connection with any television, theatrical or print exhibition, advertising or publicizing of ABA or any of its activities or programs. The applicant further gives ABA the right to reproduce in any manner whatsoever the applicant's voice or any instrumental or musical or other sound effect produced by the applicant.

**APPLICANT MUST SIGN - ALL MINORS MUST HAVE SIGNATURE OF PARENT OR GUARDIAN**

Signature of parent or Guardian

Print Name