

PO Box 20421 Billings, MT 59104

| For BMC Use Only | | | | | | | | |
|------------------|--------|--------------|-----------------------|--|--|--|--|--|
| Date Received: | | BMC Officer: | | | | | | |
| Amount Paid: | Cash / | Check#: | ACTIVE BMC NUMBER: | | | | | |

| | Helmets MUST BMC property ant Signatur | | ed this | | hile on the grounds, | caution, conduct and at events and on digital | |
|--|---|--|---------------------------|--|---|---|--|
| 4. | competitive ev All Active men number plate Acceptable nu plates or black others). If yo asked to leav | in gate must remain locked at all times except during yent or official work party. The smust display their assigned BMC number on the from of all motorcycles and ATVs when riding on BMC propert mber plate color combinations are white letters on blact etters on white plates (4" high for mini bikes and 5" on a ur member number is not displayed correctly you will be the property until your number is properly displayed nust display numbers on all plates. | nt y. ck ——— all | _11. There is no public telephone on the property. In case of emergis recommended that members have a cellular phone with ther using BMC property. _12. In case of an accident or injury, you are solely responsible as member to 1) obtain, at your own expense, medical assistance and including emergency transportation and 2) immediately report Member of the date, time and location of the incidenames(s) of those involved. _13. Members practice proper safety, caution, conduct | | | |
| 3. | use agreement and a liability release has been signed management. If membership cards are requested a any member using the property, action will be taker withdrawal of membership. 3. BMC members may not transfer their gate card or k | | or ng ——— ny ——— | open riding even if not9. BMC grounds are close | not marked. losed from 12:00 am to 9 ambulance or EMT se | ent is presumed closed for 5:00 am every day. Prvice on days other than | |
| | and children ur forms are com All Active men membership o | der 18) access to BMC grounds throughout the year, if you plete. Membership details are in the Rule Book. nbers and their family members must carry their valid BM ard when using the property. This signifies that the lar | ur | 7. BMC members are there is equipmen obey TRACK CLOSE | e not allowed to ride or t or work taking place of D signs at all times and o | n competition tracks when on the track. Observe and | |
| 1 | Your Active m | Please initial to indicate your underst embership allows you and your immediate family (spous | | | oe discharged on BMC pr | <u> </u> | |
| | | ave obtained adequate medical insurance coverage. | | | | | |
| grounds. | The BMC does | ig in any riding activity or otherwise arising while I am on the B not provide medical, emergency transportation or other types that the BMC has urged me to not participate in any activities | of laws as | ead and understand the BN currently published and as a | | ree to follow the rules and by- | |
| | | ge, accident, injury or death, or any combination thereof, that n he operation of motorized vehicles on the BMC grounds, includ | | ent and BMC's contact with e to make such contact. | emergency medical or eme | ergency transportation services | |
| and hold | forever harmless | oceeding at my own risk and peril. Therefore, I agree to indemi the BMC from any and all claims of any nature and from any and | l all BMC ari | sing or in connection in any | way with my use of the BM | lyment of damages against the C property, participation in any | |
| I, the undersigned, being 18 years of age or older, understand the inherent dangerous risks involved with attending, watching, helping with or participating in the operation of off road motorized vehicles and competitive racing events. I agree that by applying to join the BMC or renew my BMC membership, I acknowledge such inherently dangerous risks and willingly | | | oad propert or provide | BMC determines such services are necessary in the event of my being injured on the BM property. I agree to pay for all medical and emergency transportation services invoiced by the provider. I acknowledge that the BMC has no liability for contacting or failing to contamedical or emergency services on my behalf and is not obligated to do so. | | | |
| This rele | ase is for the b | enefit of the BILLINGS MOTORCYCLE CLUB,® its owners, ager ees and servants, all hereafter referred to as "BMC." | nts, I grant doctors | my express permission to t and emergency transporta | he BMC to contact emerge | ncy services, including medical ose of administering aid if the | |
| | | itional Family Membership Cards for (Circl | e): <i>Wife</i> | 1 | Grandchild Ad | | |
| | u a member | of the American Motorcycle Association? A # Year Joined | | l | · | BMC is (Check Any) g Tracks Trails | |
| Spous | e's Name | | | Other Skills | | | |
| State | , Zip | | | Employer | | | |
| City | | | | Occupation | | | |
| Addre | ess | | | Cell Phone | | | |
| Birth | Date | | | Telephone | | | |
| Name | <u>;</u> | | | Email | | | |
| BMC# | ‡ | | | Year Joined | | | |
| וט | vic i io | spective ACTIVE Member | | ppiication | For Yea | ai 20 | |

Dues, Fees and/or contributions are not to be considered to be business expenses for income tax purposes. Stay tuned and visit: www.billingsmotorcycleclub.us, and Facebook: www.facebook.com / billings motorcycle club