



PO Box 20421 Billings, MT 59104

For BMC Use Only	
Date Received:	BMC Officer:

Note: Please Use One Form per Minor Relative

BMC Grandchild Liability Release Form			For Year 20__ __	
MINOR RELATIVE, NON-COMPETITION RIDING ONLY				
Member Name:			BMC#	
Name of Grandchild		Birthdate		
Parent/Guardian Name		Phone #		
Address	City	State	Zip	
Parent/Guardian Name		Phone #		
PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT.				

IN CONSIDERATION of my minor child ("the minor") being permitted to enter any area(s) owned by Billings Motorcycle Club, Inc (BMC) to take part in casual, non-competitive riding of motorcycle and/or quads (referred to hereinafter as "rides"), I/we agree:

I/we, delegate full and complete responsibility for the care, safety and well-being of the minor child listed above to the BMC Member listed above for the purposes of casual, non-competitive "rides" on BMC owned property located in the South Hills area of Billings, Montana. This release agreement does not extend to any competition event, which is mutually agreed by the BMC Member and me/us. I/we understand that for the minor child to participate in a competition event, I/we must grant operator specific approval for such event(s) separate and apart from this agreement.

I/we know the nature of the rides at the BMC grounds and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in these rides. The Sponsoring Member will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. I/we know and understand that the property to be ridden upon for the rides is undeveloped, unimproved and natural terrain. I/we understand that the condition of the trails, roads, and other surfaces change frequently due to weather and other reasons, and accept the inherently dangerous condition of the property. IF THE SPONSORING MEMBER, I/WE OR THE MINOR BELIEVE ANYTHING IS UNSAFE, THE MINOR WILL BE INSTRUCTED TO IMMEDIATELY LEAVE THE AREA AND REFUSE TO PARTICIPATE FURTHER IN THE RIDES.

I/we FULLY UNDERSTAND and will instruct the Minor and Sponsoring Member that: (a) THE ACTIVITIES OF THE RIDES ARE VERY DANGEROUS and participation in the rides and/or entry into the area involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (B) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the rides, or the NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or the Releasees or that are not readily foreseeable at this time;

(d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.

I/we consent to the Minor's participation in the rides and/or entry into the area and HEARBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSS, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE SPONSORING LIFE MEMBER OR THE "RELEASEES" NAMED BELOW.

I/WE HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS the participants, bike owners, drivers, rescue personnel, and persons in any Area, sponsors, advertisers, owners and lessees of premises used to conduct any rides, surveyors, underwriters, consultants and others persons or entities who give recommendations directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or rides and each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as "Releasees", FROM ALL LIABILITY TO ME/US, THE MINOR, my/our and the minor's personal representative, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGE ON ACCOUNT OF ANY INJURY TO THE MINOR, including, but not limited to, death, or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.

If, despite this release, I/we, the Minor, or anyone on the Minor's behalf, makes a claim against the "Releasees" named above, I/WE AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/we sign this agreement on my/our own behalf and on the behalf of the Minor.

Complete Both Sides | Signatures and Notary Public on Back Side

Stay tuned and visit: www.billingsmotorcycleclub.us, and Facebook: [www.facebook.com / billings motorcycle club](http://www.facebook.com/billingsmotorcycleclub)



PO Box 20421 Billings, MT 59104

Signatures and Notary Public

Complete Both Sides | Children Information on Front Side

BMC Grandchild Liability Release Form

For Year 20__ __

MINOR RELATIVE, NON-COMPETITION RIDING ONLY

I / WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I / WE GIVE UP SUBSTANTIAL RIGHTS I / WE AND/OR THE MINOR MAY OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

BMC Member *(Signature must be Notarized)*

BMC Member Signature	Print Name	
State of Montana County:		Stamp:
Signed and acknowledged before me on	by	
Printed Name of Notary:		
Signature of Notary		
Notary Public for the State of Montana residing in:		
Notary Public Commission Expires:		

Parent / Legal Guardian *(Signature must be Notarized)*

Parent Signature	Print Name	
State of Montana County:		Stamp:
Signed and acknowledged before me on	by	
Printed Name of Notary:		
Signature of Notary		
Notary Public for the State of Montana residing in:		
Notary Public Commission Expires:		

Biological Parent / Legal Guardian *(Signature must be Notarized)*

Parent Signature	Print Name	
State of Montana County:		Stamp:
Signed and acknowledged before me on	by	
Printed Name of Notary:		
Signature of Notary		
Notary Public for the State of Montana residing in:		
Notary Public Commission Expires:		