



PO Box 20421 Billings, MT 59104

For BMC Use Only			
Date Received:		BMC Officer:	
Amount Paid:	Cash / Check#:	<b>ASSOCIATE</b>	
		<b>BMC NUMBER:</b>	

## BMC ASSOCIATE Membership Application For Year 20\_\_ \_\_

Name		Email	
Birth Date		Telephone	
Address		Cell Phone	
City		Occupation	
State, Zip		Employer	
<b>Are you a member of the American Motorcycle Association?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes AMA # _____ Year Joined _____		<b>Your interest in motorcycling with BMC is (Check Any)</b> <input type="checkbox"/> Promotion & Fellowship <input type="checkbox"/> Racing <input type="checkbox"/> Tracks <input type="checkbox"/> Trails	

This release is for the benefit of the BILLINGS MOTORCYCLE CLUB,® its owners, agents, officers, directors, employees and servants, all hereafter referred to as "BMC."

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 submit this application, proceeding at my own risk and peril. Therefore, I agree to indemnify and hold forever harmless the BMC from any and all claims of any nature and from any and all liability for any loss, damage, accident, injury or death, or any combination thereof, that may occur in connection with the operation of motorized vehicles on the BMC grounds, including riding or while participating in any riding activity or otherwise arising while I am on the BMC grounds. The BMC does not provide medical, emergency transportation or other types of insurance coverage. I agree that the BMC has urged me to not participate in any activities on the BMC grounds unless I have obtained adequate medical insurance coverage.

I grant my express permission to the BMC to contact emergency services, including medical doctors and emergency transportation services, for the purpose of administering aid if the BMC determines such services are necessary in the event of my being injured on the BMC 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 contact medical or emergency services on my behalf and is not obligated to do so.

I hereby waive any and all claims, law suits or demands for payment of damages against the BMC arising or in connection in any way with my use of the BMC property, participation in any BMC event and BMC's contact with emergency medical or emergency transportation services or failure to make such contact.

I have read and understand the BMC rules and by-laws and agree to follow the rules and by-laws as currently published and as amended from time to time.

### Please initial each point to indicate your understanding and agreement with the following:

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| <p>_____ 1. Your Associate membership allows you and your immediate family (spouse and children under 18) access to BMC grounds throughout the year, if your forms are complete. Membership details are in the Rule Book.</p> <p>_____ 2. All Associate members and their family members must carry their valid BMC membership card when using the property. This signifies that the land use agreement and a liability release has been signed and filed with BMC management. If membership cards are requested and not provided for any member using the property, action will be taken up to and including withdrawal of membership.</p> <p>_____ 3. BMC members may not transfer their gate key to anyone at any time. The main gate must remain locked at all times except during a competitive event or official work party.</p> <p>_____ 4. All Associate members must display their assigned BMC number on the front number plate of all motorcycles and ATVs when riding on BMC property. Acceptable number plate color combinations are white letters on black plates or black letters on white plates (4" high for mini bikes and 5" on all others). If your member number is not displayed correctly you will be asked to leave the property until your number is properly displayed. Competitors must display numbers on all plates.</p> <p>_____ 5. Helmets <b>MUST</b> be worn at all times when riding a motorcycle or ATV on BMC property.</p> | <p>_____ 6. Firearms may not be discharged on BMC property at any time.</p> <p>_____ 7. BMC members are not allowed to ride on competition tracks when there is equipment or work taking place on the track. Observe and obey TRACK CLOSED signs at all times and close all gates after use.</p> <p>_____ 8. Competitive events pose certain restrictions on land use. If there is an event in progress, the area around the event is presumed closed for open riding even if not marked.</p> <p>_____ 9. BMC grounds are closed from 12:00 am to 5:00 am every day.</p> <p>_____ 10. BMC provides no ambulance or EMT service on days other than scheduled competition events.</p> <p>_____ 11. There is no public telephone on the property. In case of emergency it is recommended that members have a cellular phone with them when using BMC property.</p> <p>_____ 12. In case of an accident or injury, you are solely responsible as a BMC member to 1) obtain, at your own expense, medical assistance up to and including emergency transportation and 2) immediately notify a Board Member of the date, time and location of the incident and names(s) of those involved.</p> <p>_____ 13. Members practice proper safety, caution, conduct and communication while on the grounds, at events and on digital platforms.</p> |
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**Applicant Signature** \_\_\_\_\_ **Dated this** \_\_\_\_\_ **Day of** \_\_\_\_\_ **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](http://www.billingsmotorcycleclub.us), or Facebook: [www.facebook.com/billingsmotorcycleclub](http://www.facebook.com/billingsmotorcycleclub)