



Bonneville Off-Road Racing

2024 Membership Application

Day pass: \$20

Annual Membership: \$80

Please Print Clearly

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone#: _____

Shirt Size: S M L XL XXL XXXL

Emergency Contact

Name: _____

Phone: _____

Make checks payable to: Bonneville Offroad Racing

Mail to: 2949 El Torro Road Grand Junction, CO 81503

CAUTION: READ BEFORE SIGNING

RELEASE AND WAIVER IF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, for myself and for my heirs, personal representatives and assigns, do hereby release and forever discharge Bonneville Off-Road Racing and any other person, firm, or corporation charged or chargeable with responsibility or liability, their heirs, representatives and actions and causes of action, arising from any act or occurrence, and particularly on account of all personal injury disability, property damage, loss damage of any kind that I may hereafter sustain as a result of participating in an event named as B.O.R. sanctioned.

I fully understand the nature of the activities to be conducted by Bonneville Off-Road Racing, acknowledge the hazards of said activities and voluntarily assume the risk of injury to my person, property of others. Your membership does not in any way include or guarantee any insurance coverage of any kind. Insurance if any, provided by a B.O.R. sanctioned organization, is without cost to you and maybe increased, decreased, canceled or changed in any way by the sanctioning B.O.R. organization at any time at its sole discretion.

I hereby release the State of Utah, School and Institutional Trust Lands Administration, and its directors, officers, board of trustees, employees and beneficiaries from any and all liability, claims, demands, breach of warranty, negligence, actions, and any and all causes of action for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my participation in the activity except where a claim arises from the sole negligence of the School and Institutional Trust Lands Administration. This release extends to any claim made by my family, estate, heirs, or assigns arising from or in any way connected with the activities.

B.O.R. RESERVES THE RIGHT TO REFUSE OR REVOKE THE MEMBERSHIP OF ANYONE.

IF MEMBER IS UNDER THE AGE OF 18 YEARS, THIS FORM MUST BE SIGNED BY HIS OR HER PARENT OR LEGAL GUARDIAN.

PLEASE SIGN

Date: _____

MEMBER SIGNATURE: _____

PARENT/GUARDIAN: _____