

Bonneville Off-Road Racing

2024 Membership Application

Day pass: \$20

Annual Membership: \$80

<u>Please Print Clearly</u>			
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 C	Offroad Racing		
Mail to: 2949 El Torro Road Grand Jur	nction, CO 81503		
	CAUTION: READ BEFORE SI	GNING	
RELEASE A	ND WAIVER IF LIABILITY AND IND	EMNITY AGREEMENT	
I, the undersigned, for myself and for my heir Off-Road Racing and any other person, firm, of and actions and causes of action, arising from damage, loss damage of any kind that I may he I fully understand the nature of the activities to voluntarily assume the risk of injury to my per insurance coverage of any kind. Insurance if a decreased, canceled or changed in any way by THE B.O.R. RESERVES THE RIGHT TO REFUSE OF 1	or corporation charged or chargeable any act or occurrence, and particula ereafter sustain as a result of particip to be conducted by Bonneville Off-Roson, property of others. Your member only, provided by a B.O.R. sanctioned by the sanctioning B.O.R. organization of REVOKE MEMBERSHIP TO ANYONI	with responsibility or liability, their he rly on account of all personal injury dis pating in an event named as B.O.R. sar lad Racing, acknowledge the hazards of ership does not in any way include or a prganization, is without cost to you and at any time at its sole discretion.	eirs, representatives sability, property nctioned. of said activities and guarantee to any d maybe increased,
PLEASE SIGN			
Date:			
MEMBER SIGNATURE:			
PARENT/GUARDIAN:			