

**Family Off-road Riders of Prince William County,
Inc.(FORPWC)**

P.O. Box 2366

Manassas, VA 20108

Membership Application

(Please Print Legibly)

Name: _____ Date of Birth: _____

Street Address: _____ Apt # _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-mail address: _____

AMA Member: Yes or No (circle) Member # _____ Exp. Date: _____

I hereby give up all rights to sue or make claim whatsoever against FORPWC, Inc., its Executive Board, and any sponsors of FORPWC activities/events for any injury to property or person that I may suffer, including crippling injury or death, whether such injury arises while I am preparing for or participating in the activities/events, or while I am on the activities/events premise.

I know the risks of danger to myself and my property while participating in these activities/events, and while upon said premise I will, relying on my own judgment and ability, assume all such risk of loss. I hereby agree to reimburse all costs to those persons and organizations connected with the activities/events for damage incurred as a result of my actions.

I agree to abide by FORPWC's bylaws, official rules, and any directions from club Officers and Ride Supervisors. I affirm that there are no personal circumstances that would prevent me from becoming and remaining an FORPWC member in good standing.

As a Primary Member, I want the following members of my family (spouse, child under the age of 18 living in my household, or dependent child attending college) listed as Family Members. All Family Members listed below also agree, as applicable, to the conditions of membership described above.

The dues are \$150/year + a one-time \$50 initiation fee for a Primary Member, and \$25/year for each Family Member

Name Relation Date of Birth Signature

1 _____

2 _____

3 _____

4 _____

Applicant Signature Date Parent/Guardian Signature Date

APPLICATION DATE: _____ CALLED DATE & TIME: _____

Revision #5, 12/05/07