



# EAGLE VALLEY OFF ROADERS

P.O. Box 1030, Lock Haven, PA 17745

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION (PLEASE PRINT CLEARLY) (MEMBER)		
Name:		
Age:	Phone:	Cell Phone:
Current address:		
City:	State:	ZIP Code:
Email:	Off Road Experience (Circle One):    Beginner - Some - Plenty of Uh-Oh!	
VEHICLE INFORMATION		
Make:	Model:	Color:
License #:		Year:
Motor Vehicle Insurance Carrier:		
EMERGENCY CONTACT		
Name of an emergency contact:		Relationship:
Cell Phone:		Phone:
CO-APPLICANT INFORMATION (ASSOCIATE MEMBER) (MUST LIVE IN SAME HOUSEHOLD)		
Name:		
Age:	Phone:	Cell Phone:
MEDICAL INFORMATION		
Do you have any medical conditions/allergies that should be known in the event of an emergency?    Yes ____    No ____		
If yes, please explain:		
TELL US A LITTLE ABOUT YOU AND YOUR FAMILIES HOBBIES, ECT.		
CHILDREN		
Name:	Age:	Name:
		Age:
Name:	Age:	Name:
		Age:
SIGNATURES		
Signature of applicant:		Date:
Signature of co-applicant:		Date:

Please complete and send \$40.00 (Full) and/or \$5.00 (Associate) membership dues with the completed application to EVOR. Make check or money order payable to EVOR.



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## RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Eagle Valley Off Roaders (hereinafter "EVOR") is an organization that sponsors a variety of activities for the benefit of its members. I am aware that many of EVOR's activities are inherently dangerous activities that involve the risk of serious injury and even death. I agree that I alone assume the risks involved in any such EVOR activity and I absolve EVOR of any and all liabilities.

In addition, and to the fullest extent allowed by law, I agree that I will not institute any lawsuit or other legal action against EVOR, its members, officers, directors, delegates, instructors, agents, employees, representatives, servants, land owners or assigns as a result of my participation or injury at any EVOR related activity. Nor will I voluntarily assist anyone else in the pursuit of any lawsuit or other legal action.

I also agree to indemnify and hold harmless EVOR, its members, officers, directors, instructors, agents, employees, representatives, servants, land owners or assigns from and against any and all claims, actions, suits, judgments, damages and costs, including reasonable attorney's fees, that may result by reason of any suit or other legal action that I either commence or assist with as described in the preceding paragraph. This Release and Indemnification Agreement shall bind me, my distributes, heirs, executors, successors and assigns.

I understand and acknowledge that EVOR is acting in reliance upon the agreements made by me in this Release and Indemnification Agreement in order to extend to me the benefits of membership in EVOR and were I not willing to abide by the terms of this document, such membership and opportunity to participate in EVOR related activities would not be extended to me.

FULL MEMBER: (printed) \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

ASSOCIATE MEMBER: (printed) \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_