

**This is a release of liability---read before signing**

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE MEMBER IS ALLOWED TO TAKE PART IN ANY ORV/MOTORCYCLE RIDING.**

MEMBERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(Please Print)

**LTTTA= Lake Trask Timber Trails Association**

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of ORV/MOTORCYCLE riding I acknowledge, appreciate and agree that:

The risk of injury from the activity involved in ORV/MOTORCYCLE riding is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

I understand that the activities of ORV/MOTORCYCLE riding are physically and mentally intense. I understand the rules of riding and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS LTTTA, the owners and lessors of premises used to conduct the ORV/MOTORCYCLE activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

I understand and agree that this Release of Liability Agreement covers each and every ORV/MOTORCYCLE activity and event in which I participate hereinafter.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

MEMBER SIGNATURE

ADDRESS CITY, STATE ZIP CODE

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

GUEST SIGNATURE

**FOR PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release LTTTA and all other Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE #'S

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

MEMBERSHIP SITE # \_\_\_\_\_