



ALBERT COUNTY TRAIL BLAZERS INC. ASSOCIATE MEMBERSHIP APPLICATION 2010

Associate Member

Primary Member

Name _____ - _____

Address _____

_____ - _____

_____ - _____

Primary ATV Information

ATV Year/Make/Model _____

Plate # _____

Club # _____

Amount Paid by Primary _____

Date _____

Amount Paid by Associate _____

Date _____

It is understood that the associate member's affiliation will end upon non-payment by the member with whom they are associated. All rules and obligations apply to both the associate and primary member.

Associate Signature: _____

Primary Signature: _____

Witness Signature: _____

WAIVER OF RISKS

PLEASE READ CAREFULLY AND INITIAL INDIVIDUAL CONDITIONS *intl _____

1. BY SIGNING THIS DOCUMENT YOU GIVE UP CERTAIN LEFAL RIGHTS, INCLUDING THE RIGHT TO SUE. *intl_____
2. Assumption of Risks and Waivers of Claims: I hereby assume all responsibility for any injury, death, loss or damage which I or any passenger on my ATV or alternate driver of my ATV may suffer. I agree to waive any and all claims that I have or may have against the New Brunswick All Terrain Vehicle Federation Inc., Member Clubs, land Owners and their officers , directors, employees, volunteers, representatives or agents and I hereby release, waive and forever discharge them from any and all claims, demands, damages, actions or causes of actions from whatever causes. *intl:_____
3. I acknowledge having read and understood the above and agree to each term and agree to inform all others users or passengers of my ATV of these conditions of sale. *intl:_____