

**HIGH COUNTRY MOTOCROSS ASSOCIATION APPLICATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ -State \_\_\_\_\_ Zip \_\_\_\_\_

Make of Machine \_\_\_\_\_ Displacement \_\_\_\_\_

CLASS: 50 PEEWEE 5-8 B \_\_\_\_\_ A \_\_\_\_\_ 50 PEEWEE JR 5-8 B \_\_\_\_\_ A \_\_\_\_\_ 60 MINI B \_\_\_\_\_ A \_\_\_\_\_

80 MINI C \_\_\_\_\_ B \_\_\_\_\_ A \_\_\_\_\_ SUPER MINI \_\_\_\_\_ 125 JUNIOR \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ PRO-AM \_\_\_\_\_

250 JUNIOR \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ PRO-AM \_\_\_\_\_ +25B \_\_\_\_\_ +25A \_\_\_\_\_

OPEN BEGINNER \_\_\_\_\_ JUNIOR \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ PRO-AM \_\_\_\_\_ VINTAGE \_\_\_\_\_

ATV BEGINNER \_\_\_\_\_ ATV PRO-AM \_\_\_\_\_ ATV JR \_\_\_\_\_ WOMEN A \_\_\_\_\_ B \_\_\_\_\_ SPORTSMAN \_\_\_\_\_

VET BEGINNER \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ PRO-AM \_\_\_\_\_ SENIOR+40 PRO-A,M \_\_\_\_\_ SENIOR+40B \_\_\_\_\_

SENIOR+50 PRO-AM \_\_\_\_\_ SENIOR +50 B \_\_\_\_\_ NON-COMPETITIVE \_\_\_\_\_

**RACING EXPERIENCE: WHAT IS THE HIGHEST CARD YOU HAVE HELD:**

BEGINNER \_\_\_\_\_ JUNIOR \_\_\_\_\_ INTERMEDIATE \_\_\_\_\_ PRO-AM \_\_\_\_\_ WHAT YEAR \_\_\_\_\_

NUMBER REQUESTED \_\_\_\_\_ NUMBER ASSIGNED \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK# OR CASH \_\_\_\_\_

**PLEASE CHECK:**

\_\_\_\_\_ \$32 fee for the first class entered (one year membership in HCMA)

\_\_\_\_\_ \$15.00 fee for each additional class

\_\_\_\_\_ \$20.00 fee for TEMPORARY MEMBERSHIP for the day's event.

\_\_\_\_\_ \$3.00 fee for NON-COMPETITIVE MEMBERSHIP.

Those applying in the Veterans, Old Timers, and all Mini classes must include proof of age COPY OF YOUR BIRTH CERTIFICATE with this application, See Article IX of your rulebook.

The HIGH COUNTRY MOTOCROSS ASSOCIATION recommends that you check your insurance policy to see that you have adequate hospitalization and medical protection of your own to cover any injury that you may receive while participating in any racing event.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND IDEMNITY AGREEMENT**

The UNDERSIGNED hereby releases, waivers, discharges and covenants not to use the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, vehicle owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and leasees of premises used to conduct the EVENTS, premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, their directors, officers, agents, and employees, all for the purposes herein referred to as "Releasees", from all LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENTS, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

THE UDNERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the EVENTS whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the EVENTS whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

I have read this Release and Waiver of Liability, Assumption of Risk and indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and voluntarily without any inducement, assurance ,or guarantee being made to me and extend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. (If participant is under age 21, this form must be signed by his Parent or Legal Guardian).

**I FULLY UNDERSTAND THAT THERE IS NO RIDER MEDICAL INSURANCE PROVIDED**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT OR GUARDIAN IF UNDER 21

MAKE CHECKS PAYABLE TO: HCMA

SEND APPLICATION AND MONEY TO: Chris Schleining  
406-223-8318 Events Clerk

426 So. 12 St.  
Livingston, MT 59047