

## **Member Application / Waiver**

## Kettle Moraine ATV Association P.O. Box 442

## West Bend, Wisconsin 53095-0442

www.kmatva.com

Membership in KMATVA is from January 1 to December 31

Name		
Street Address		
Telephone		
E-mail Address (if ap	pplicable)	
Single \$20.00		
Make	Checks payable to KM	ATVA
	ily Members: (Spouse ar First Name/Age if under 1	,
oes hereby agree to abide by all the club rules a while participating in ATV events. I understand	and by-laws. I also acknowledge that KMATVA can not assume n any KMATVA event I do so v	nip in the Kettle Moraine ATV Association and the the risk of injury to my person and property responsibility for any aspect of my safety or the voluntarily, on my assessment of my abilities, the
nd waiver for myself, heirs, successors, and rep ntities and all of their employees, agents and re	presentatives. I agree to release a presentatives from any liability, podily injuries, including death a ociated with KMATVA. No man	and property damage, arising out of any aspect of tter whether on the premises where an event is
Signature		_ Date
Activities conducted by the KMATVA a		e efforts of members who invest time and
Please indicate if you are willing	energy in their club. g to participate in special con	nmittees? Yes No
Can we publish yo	our name in our directory? Y	es No