

AMTRA MEMBERSHIP FORM

To join or renew your membership via Mail
Please tear out this page and fill in both sides
Return to the following address

A.M.T.R.A.
PO BOX 8 RINGWOOD 3134
AUSTRALIAN MOTORCYCLE TRAILRIDERS ASSOCIATION
NEW MEMBER APPLICATION OR RENEWAL FORM

NAME.....

ADDRESS.....

.....

POSTCODE.....

TEL (H)..... (M).....

AGE

EMAIL ADDRESS.....

AMTRA Website User Name.....

LICENCE OR PERMIT NO.....

Where did you hear about AMTRA ?

Signed..... Date.....

Renewal
Option 1

Renewal
Option 2

Effective July 1 2010

POSTED COPY OF
MAGAZINE

WEB DOWNLOAD OF
MAGAZINE

Your
 payment

\$95	
\$60	
Your amount due	\$

**ALL new member application forms must include a signed and witnessed
 INDEMNITY FORM (Located on the next page)**

DEED OF INDEMNITY
AUSTRALIAN MOTOR CYCLE TRAIL RIDERS' ASSOCIATION INC. ("AMTRA")

I, (please print name).....

of (address).....

For myself and my successors and assigns, in consideration of AMTRA permitting me to be using the club property and/ or involved in AMTRA events and trail rides, I **HEREBY AGREE** to indemnify and keep indemnified AMTRA from any claim, cause, action, suit or proceeding which may arise out of or in connection with use of the club property and my involvement in AMTRA events and trail rides, whether such claim, cause, action, suit or proceeding arises from any death or injury or loss of property or otherwise ("the risks") that may be sustained or suffered by me both during transportation to and from the event or trail ride or at the location of the event or trail ride.

I FURTHER HEREBY AGREE AND COVENANT to indemnify all members of AMTRA and trail ride supervisors and leaders and other participants in the trail ride in relation to any claim, cause, action, suit or proceeding with respect to all of the risks and I agree that I shall not bring, either in my name or on behalf of any third party, any claim, cause, action, suit or proceeding against AMTRA, its members, trail ride supervisors and leaders and other participants in the trail ride with respect to any of the risks.

I ACKNOWLEDGE that trail bike riding is an inherently dangerous activity and that I have chosen of my own free will to undertake the trail ride and that I have conducted my own investigations as to the safety and suitability of the trail ride that I am about to undertake with AMTRA **AND I FURTHER HEREBY COVENANT AND AGREE** that I have the requisite skills, ability and equipment to undertake the trail ride proposed. I freely signed this document without compulsion and understand that I and I alone accept responsibility for any loss, damage, injury or death which may be suffered by me as a result of my participation in the trail ride or transport to or from the trail ride or whilst on location at the site of the trail ride or through the duration of the day in which the trail ride occurs.

This document shall be read and construed as a Deed.

IN WITNESS WHEREOF this indemnity has been executed on the/...../2011

SIGNED.....

in the presence of

Witness Signature.....

Witness Print Name and

Address.....