

ROCK Racing - Racers of Christ's Kingdom

Full Name _____ Date of Birth ___ / ___ / ___

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Work Phone(opt.) (____) _____ - _____

E-mail address _____

Type of membership New Renewal

Dues payable to ROCK Racing: Family with one (1) Racer = \$100

Please add \$25 for each additional racer per family

*Term of membership is set up in the rules of the organization. If application is prior to the three month period before the fiscal year it will serve as a yearly membership.

Family Members	Full Name	Relationship	Date of Birth
1.	_____		
2.	_____		
3.	_____		

Read carefully before signing:

The undersigned applies for membership in ROCK Racing. You hereby agree to abide by all rules and the constitution. I/We understand that riding an off-highway motorcycle can be very dangerous resulting in serious injury and/or death and/or property damage. I acknowledge and assume all risk of injury or death to myself or a member of my family. I also assume all other liability. I/We hereby release and waive right to sue or make claim whatsoever against ROCK Racing and or other parties. I HAVE READ THE ABOVE AND UNDERSTAND WHAT IT MEANS TO ME AND MY FAMILY. I HEREBY VOLUNTARILY SIGN THIS RELEASE, HOLD HARMLESS AND WAIVER OF LIABILITY, AND AGREE TO THE TERMS AS MENTIONED IN THE ABOVE STATEMENT.

Print Name

Signature Date

Date

Return app & check to:

**Stacey Birket
7003 Merlot Dr
Smyrna, TN 37167
615-945-0054**