

# Capital Area Trailriders Association, Inc.

P.O. Box 373 – Burnt Hills, NY 12027

\_\_\_\_\_ Date of Application

## Membership and Renewal Application

Membership Secretary: [CATRA.Kevin@nycap.rr.com](mailto:CATRA.Kevin@nycap.rr.com)

\_\_\_\_\_ Referring Member (if applicable)

I, the undersigned, hereby agree, in joining this club, to forever release and discharge the organization promoting this club and its events, and its officers and members, the Capital Area Trailriders Association, Inc., (CATRA) and all other participants in club events, from any and all loss, injury, expense, damage, cause of action, or any claim whatsoever, which I may suffer or sustain, or which may arise out of or in connection with CATRA, the club, its property, the events and my participation therein, I have read the CATRA Land Use Guidelines, Constitution and Bylaws and fully understand the requirements of club participation contained therein. I, my spouse, and all my family members declare that we are competent to join this club and participate in club events and do so with full knowledge of the dangerous nature of motorcycling participation and its inherent risk of physical injury.

\_\_\_\_\_  
Signature – Member #1

\_\_\_\_\_  
Signature – Member #2 (if applicable)

\*\*\*NEW MEMBERSHIP APPLICATIONS ARE TO BE SUBMITTED IN PERSON AT A CLUB MEETING OR CLUB EVENT. RENEWAL APPLICATIONS MAY BE SUBMITTED AT A CLUB EVENT, MEETING, OR MAILED TO THE CLUB P.O. BOX. THERE IS A GENERAL CLUB MEETING ON THE FIRST THURSDAY OF THE MONTH AT 7:00 P.M. THE MEETINGS ARE HELD AT FINNIGAN'S ON THE LAKE (IN THE UPSTAIRS MEETING ROOM) WHICH IS LOCATED AT 175 LAKE ROAD IN BALLSTON LAKE, NY. FOR ADDITIONAL INFORMATION CONTACT LEE SUMNER, PRESIDENT (518) 898-0694 OR CHRIS BRAKE, VICE PRESIDENT (518) 894-2570.\*\*\*

Membership includes all immediate family members in the same residence under 21 years of age. Membership applications must list all family members on the application along with signatures for the above release.

New members or current members who do not meet the work requirement must pay a Land Use Fee (\$150 + NYS Sales Tax) in addition to the Membership Fee (\$160 + NYS Sales Tax). Members who met the work requirement will only pay the Membership Fee. **ENCLOSE A CHECK OR MONEY ORDER PAYABLE TO CATRA.**

Check One

\$171.20      Membership Renewal – Met the work requirement

\$331.70      Membership Renewal – DID NOT meet the work req't  
New Membership

Riding Interests

TRAIL

RACE

ROAD

TRIALS

Club Member Bike Stickers

# of Bikes in Membership	
# of Replacement Stickers Needed ( <i>renewals only</i> )	

**Member #1**

**Member #2 (if applicable)**

**NAME:** \_\_\_\_\_  
First      Last      Suffix (Jr., III, etc.)

**NAME:** \_\_\_\_\_  
First      Last      Suffix (Jr., III, etc.)

**MAILING ADDRESS:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_  
City      State      Zip Code

**AMA:** \_\_\_\_\_  
(not mandatory) Member # / Expiration

**PHONE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_  
MM/YYYY

**AMA:** \_\_\_\_\_  
(not mandatory) Member # / Expiration

	CHILDREN	B-DAY (MM/YYYY)	AMA # / EXPIRATION
1			
2			
3			
4			

Truck / Car	Trailer / Other	Vehicle Registration Information		
		Make / Model	Plate #	State

**E-MAIL:** \_\_\_\_\_ (Required to receive CATRA Club Newsletter)

PLEASE READ AND SIGN REVERSE SIDE OF FORM

**RELEASE AND WAIVER OF LIABILITY  
ASSUMPTION OF RISK INDEMNITY AGREEMENT**

**IN CONSIDERATION** of being permitted to enter upon, be present at, and use the (**CAPITAL AREA TRAILRIDERS ASSOCIATION, INC.**), property (hereinafter referred to as the "Premises"), from the date hereof and for any and all dates thereafter, for any and all purposes and activities including, without limitation, the operation, engagement, racing (competitive or otherwise), or maintenance of any motorized mode of transportation, including without limitation, snowmobile and motorcycles, any and all other activity incidental thereto including without limitation the passive, casual, or active observance of any of the aforementioned purposes and activities (hereinafter collectively referred to as "Activities"). The undersigned, on behalf of the undersigned, the undersigned's personal representative, heirs, next of kin, and any and all other persons using the premises for the Activities as a guest of the undersigned (hereinafter collectively referred to as the "Undersigned").

1. Acknowledges, agrees, and represents that immediately upon entering the Premises the Undersigned shall continuously thereafter, inspect every area of the Premises which the Undersigned enters, and the Undersigned further agrees and warrants that, if at any time, the Undersigned is in or about any part of the Premises and feels anything to be unsafe, the Undersigned will immediately advise a representative, employee, or agent of the owner of the Premises of such and if necessary will leave the Premises and/or refuse to participate in the Activities.
2. Hereby **releases, waives, discharges and covenants not to sue** the owner of the Premises, any individual engaging in the activities, rescue personnel, and the Premises inspectors, surveyors, underwriters, consultant and others who give recommendation, direction, or instructions or engage in risk evaluation or loss control activities regarding the Premises, and each of them, the directors, officers, agents and employees (hereinafter referred to as "Released"), from all liability to the Undersigned 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 use of the Premises for the Activities, **whether caused by the negligence of the Releases or otherwise.**
3. Hereby agrees to indemnify and **save and hold harmless the Releases** and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the use of the Premises for the Activities **whether caused by the negligence of the Releases or otherwise.**
4. Hereby **assumes full responsibility** for any risk of bodily injury, death, or property damage arising out of or related to the use of the Premises for the Activities **whether caused by the negligence of the Releases or otherwise.**
5. Hereby acknowledges that the Activities are very dangerous and involve risk of serious injury and/or death and/or property damage. The Undersigned, also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releases.
6. Hereby agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement Extends to **all acts of negligence by Releases, including negligent rescue operations** and is intended to be as broad and inclusive as is permitted by Laws of the State of New York, that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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, intend my signature to be a complete, continuing and unconditional release of all liability to the greatest extent allowed by law.

Witness  
Name (*printed*) : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member #1  
Name (*printed*): \_\_\_\_\_

Signature: \_\_\_\_\_

Member #2  
Name (*printed*): \_\_\_\_\_

Signature: \_\_\_\_\_