NISHNA VALLEY N.O.W. 160 CLUB/RIDING AREA

# DISCLAIMER AND RULES TO FOLLOW

I hereby give up all rights to sue or make a claim for damages due to negligence or any reason whatsoever against the N.O.W. 160 Inc & N.O.W. club, the promoters, sponsors, individuals, and all other persons, participants, or organizations connected with this land. This includes injury to property or person, to include crippling injury or death, while participating in an event or while present upon premises, for any reason.

I know the risks of danger to myself and my property while preparing for and participating in riding while upon the premises. Relying upon my own judgement and ability, I assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this area for damages incurred as any result of my irresponsibility/negligence.

Members must agree to abide by the following rules:

1. You must wear a helmet, boots, gloves, and eye protection.
2. Trash carried in must be carried out.
3. No UTV's. Dirt bikes and quads only.
4. No riding without a proper exhaust system. Please be courteous to our neighbors.
5. Members are not allowed to bring guests.
6. Must provide proof of liability insurance.
7. No hunting by the members. Owners only.
8. No campers left unattended overnight.
9. Proof of membership is required while on premises at all times.
10. Memberships are for calendar year Jan 1 through Dec 31.
11. No alcohol while riding on premises.

I agree to the above conditions:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

print signature

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_