



LINCOLN TRAIL MOTOSPORTS
2009 LTM CLUB MEMBERSHIP
RELEASE AND WAIVER OF LIABILITY AGREEMENT



I, _____ hereby apply for membership and in doing so, acknowledge and agree to:
(Please Print)

I release LINCOLN TRAIL MOTOSPORTS INC., club members, guest, owners, and lessees, participants, officials, and employees of and from all liability, loss, claims and demands that may occur from any loss, damage, or injury (including death) to my person or property in any way resulting from my presence upon said property and whether arising while engaged in recreational riding, competition or in practice or preparation therefore, or while upon entering or departing from the said premises from any cause whatsoever. I understand the risk and danger to myself and property while upon said premises. In reliance upon my own judgment and ability, I voluntarily assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever.

I AGREE TO: (Please initial)

- _____ Wear a helmet while riding.
- _____ Pay prep charge to ride the MX track on track prep days.
- _____ I will present my LTM membership card to the office personnel before parking my on-road vehicle.
- _____ I will obtain the required Department of Natural Resources sticker, properly displaying it properly upon my off-road vehicle.
- _____ Watch for property line signs please obey at all times.
- _____ STAY OFF THE COUNTY ROAD (ABSOLUTELY NO RIDING)

I UNDERSTAND: (Please initial)

- _____ No medical services are provided on open riding days.
- _____ A gate fee is charged on all event dates.
- _____ MX track is closed the day before MX events.
- _____ **5 MPH IN ALL PIT AREAS!!!! (PIT AREA IS NOT A RACE TRACK OR WARM UP AREA)**

THE UNDERSIGNED AGREES TO AND UNDERSTANDS THE CONDITIONS.

Members Must Sign Below

Mailing Address (Please Print Clearly)

Signature Age

Signature Age

Signature Age

Signature Age

Name _____

Address _____

City _____ State _____

Zip _____ Phone() _____

NOTICE: IF UNDER 18 YRS OLD, this application must bear the notarized signature of parent or guardian, which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

Parent or Guardian Signature _____

Subscribed and sworn before me this _____ day of _____ 20____

(Signed) Notary Public

MEMBERSHIPS GOOD FOR CALENDAR YEAR
Single Membership \$80
Family Membership—(Parents with minor children) \$100
Free/Ad Family \$20

Lincoln Trail Motosports
649 Co Rd 2150 E
Casey, IL 62420
217-932-2041
www.lincolntailmotosports.com

PAID _____ DATE _____ EMPLOYEE _____