

# Western Slope ATV Association

P.O. BOX 4283 • GRAND JUNCTION, CO 81502-4283  
www.wsatva.org

*Make Checks Payable To:*

WESTERN SLOPE ATV ASSOCIATION

**Business Sponsorship Application**

*Please fill out and return with dues*

**Please Print**

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

OWNER NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS:  Check if same as business address \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CHECK ONE BOX FOR PREFERRED DELIVERY OF NEWSLETTER:  E-MAIL  POSTAL DELIVERY

## MEETINGS

Monthly meetings are the third Wednesday of every month, excluding December.

Please remind me by:  Phone  Text (include name of carrier \_\_\_\_\_)

E-Mail **EMAIL ADDRESS:** \_\_\_\_\_

Do not remind me

**PLEASE PROVIDE ONE BUSINESS CARD FOR PUBLICATION IN OUR NEWSLETTER**

Western Slope ATV Association club dues are \$50.00 per business.

Dues are payable each year January 1 through February 28 during the open enrollment period, or when a new sponsor joins.

FOR OFFICE USE ONLY

Membership start date: \_\_\_\_\_

Membership expiration date: \_\_\_\_\_

# WSATVA WAIVER AND RELEASE

I, the below named Participant, being at least 18 years of age or the parent or guardian of a minor, in consideration of being permitted by Western Slope ATV Association to participate in, all activities, rides, or outings in association with Western Slope ATV Association, hereby WAIVE, RELEASE, and DISCHARGE the officers, directors, board members, employees, members, agents, assigns, legal representatives and successors, or any business associates and partners involved in or with the membership of Western Slope ATV Association, from all liability for or by reason of damage, loss or injury to person or property, even injury resulting in death of the Participant, which has been or may be sustained in consequence of participating in any Western Slope ATV Association rides, outings or activities, and notwithstanding that such damage, loss, or death may have been caused solely or partly by the negligence of Western Slope ATV Association.

I hereby acknowledge and agree that I have carefully read this Waiver and Release, that I fully understand same, and that I am freely and voluntarily executing same. By signing this Waiver and Release I will be forever prevented from suing or otherwise claiming against Western Slope ATV Association for any property loss or personal injury or death that I may sustain while attending and/or participating in any activities involving Western Slope ATV Association.

I acknowledge that I am informed and understand both the major and minor hazards and risks (which may include sprains, strains, dislocations, teeth (loosened/broken/knocked out), amputations, cuts, bruises, breaks, head injuries, paralysis, up to and including death) associated with my membership, participation, and/or attendance. I understand and accept those hazards and risks. I have determined whether I have adequate separate personal insurance to cover all harm that I or my family may suffer due to attendance or participation in any Western Slope ATV Association club or related activity, and I have personally obtained all insurance protection that I want. I understand that I will not be permitted to participate in any activity, ride or outing unless I sign this Waiver and Release.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AND I AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST WESTERN SLOPE ATV ASSOCIATION.

Name of each family member: (Do not sign unless you are age 18 or older. For families at least one of the participants must be 18 or older, and a parent or guardian must sign for family members under the age of 18.)

_____		_____		_____
Participant Printed Name		Signature		Date
_____		_____		_____
Participant Printed Name		Signature		Date
_____		_____		_____
Participant Printed Name		Signature		Date
_____		_____		_____
Participant Printed Name		Signature		Date

_____		_____		_____		_____
Address		City		State		Zip

Emergency Phone Number and Contact:

Name	Phone Number	Relationship
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