

UNITED STATES ADVENTURE RACING ASSOCIATION



12403 BLUESTONE CIRCLE
AUSTIN, TEXAS 78758 (512) 873-1205

USARA MEMBERSHIP APPLICATION

NAME _____ AGE _____

ADDRESS _____ GENDER _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ E-MAIL _____

ACKNOWLEDGMENT OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Agreement is given by the undersigned Applicant for the benefit of United States Adventure Racing Association, Inc., ("USARA"), and its respective divisions and associations, employees, agents, members, sponsors, promoters and affiliates (collectively "Releasees").

I acknowledge that adventure racing is an inherently dangerous sport in which I participate at my own risk and that USARA, Inc., and its associations are corporations formed to advance the sport of adventure racing, the efforts of which directly benefit me. In consideration of and as a condition of my membership in and the issuance of a license to me by USARA, Inc., I individually and on behalf of my heirs, executors, administrators, legal representatives, successors and assigns, release and forever discharge, hold harmless, indemnify, including as to attorney fees, and promise not to sue Releasees on, from or against, and waive, any claims, damages, expenses or demands arising directly or indirectly from or attributable in any way to the negligence, action or failure to act of any Releasees in connection with the sponsorship, organization or execution of any adventure racing or sporting event, including travel to and from such event, in which I may participate as a racer, rider, team member, spectator or in any other manner. Every term and provision in this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I currently have no known physical or mental condition that would impair my capability and am fit to fully participate in adventure racing.

_____ PRINTED NAME OF APPLICANT

X _____ Date: _____

Signature of Applicant (All applicants must sign in ink.)

FOR MINORS:

PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING

I, as parent or guardian of the Applicant, represent to the Releasees that the facts herein concerning my child or ward are true. I give my permission for my child or ward to enter any adventure race or event permitted by USARA, Inc., or its associations during the period of the license applied for, and further, in consideration of the granting of such license, agree, individually and on behalf of my child or ward, to the terms of the above agreement.

_____ PRINTED NAME OF PARENT OR GUARDIAN

X _____ Dated: _____

Signature of Parent or Guardian

1 year USARA Racing License with a subscription to Adventure World Magazine \$35.00