WHITE MOUNTAIN OPEN TRAILS ASSOCIATION

Membership Application 2025

Name First: _____Last: _____

Phone Home: _____ Cell: _____ Work: _____

Email: _____

Birth Date: Applicant MO: _____Day:_____or Four-digit number:_____

Name First: _____Last: _____

Phone Home: _____ Cell: _____ Work: _____

Email: _____

Birth Date: Co-Applicant MO_____Day_____or 4 digit number_____

Address Mailing: _____

City: _____State: _____Zip Code: _____

Physical address if different than mailing: _____

City: _____State: _____Zip Code: _____

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Emergency Contact Information Required, preferably someone who does not normally ride with you.

Name First: _____Last: _____

Relationship: _____

Address: _____

City: _____State: _____Zip Code: _____

Phone Home: _____Cell: _____ Work: _____

Membership dues are $25 for a single, $35 for couple or family, $100 for business per calendar year and are not pro-rated for partial year memberships. Renewal memberships are due in January of each year. Please indicate the type of membership: New ( ) Renewal ( ) Single$25 ( )

Couple $35 ( ) Family $35 ( ) Business$100 ( )

RELEASE AND HOLD HARMLESS AGREEMENT

I/We recognize that riding an ATV/UTV is a hazardous activity that can result in serious personal injury or death. I/We accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails, surface, or sub-surface conditions on and off the trails and roads, collisions with other ATV/UTVs including other riders, and collisions with devices used to mark the boundary of trails or roads.

In consideration of my/our participation in the events and rides of the White Mountain Open Trails Association, Inc., I/we hereby release and agree to hold harmless and indemnify the White Mountain Open Trails Association Inc., their officers, directors, committees, employees, agents, ride leaders and ride teams from all claims, injuries, or liabilities caused by or created by my/our participation. Riders must carry their own medical and accident insurance.

I/We have carefully read this agreement and the release of liability and fully understand its contents. I/We are aware this release of liability is a contract between the White Mountain Open Trails Association Inc., and myself/us and I/we sign it of my/our own free will. My/Our signatures signify that I/we have read and agree with this release.

Print Name:_____

Signature:_____ Date:____/____/____

Print Name:_____

Signature:_____ Date:____/____/____

(IF UNDER18, PARENT OR GUARDIAN MUST SIGN) Completed membership form and Release and Hold Harmless Agreements signed and dated by each adult and fees should be mailed to:

WHITE MOUNTAIN OPEN TRAILS ASSOCIATION

P.O. BOX 833

SHOW LOW, AZ 85902