

BLACKSHEEP FOUR WHEEL DRIVE CLUB

Redding California, Since 1981

Member Application

Date _____

Name _____ Phone # (_____) _____

Full address _____

Email _____ Spouse name _____

Emergency Contact/relationship _____

(not spouse since she/he may be on the trail with you)

Phone # (_____) _____ Rate 4WD skill (scale 1-10, 1 being no exp.) _____

Vehicle info:

Make _____ Model _____ Year _____ License # _____

Tire size _____ FRT AXLE Locker/LS/Open REAR AXLE Locker/LS/Open

Circle one

Circle one

CB _____ Winch _____ Recovery gear _____

Yes or no

Yes or no

First Aid kit _____ Fire Extinguisher _____ Additional modifications _____

Yes or no

Yes or no

Current registration & insurance _____ Yes or no

I have read, understand and agree to abide by the Blacksheep Four Wheel Drive Club Bylaws and the California Four Wheel Drive Associations recommendations:

1) Blacksheep Bylaws _____ Applicant initials

2) Recommended Vehicle Safety Guidelines _____ Applicant initials

3) Personal Safety Recommendations _____ Applicant initials

4) Trip Rules _____ initials 5) Accident waiver & release of liability form _____ initials

Signature _____ Date _____

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CAL4WD dues Yes or no Club dues Yes or no Copy of California Drivers License Yes or no

Accepted date _____ Additional Notes _____

Presidents signature _____ requires at least one signature

Vice-Pres. Signature _____

MEETINGS/RUN LOG

A finalized membership application includes this log with the appropriate dates, descriptions and signatures filled out. When completed, this can be turned in to the Vice President.

MEETINGS

1. _____	_____	_____
Date	location of mtg./run	signature of officer

2. _____	_____	_____
Date	location of mtg./run	signature of officer

3. _____	_____	_____
Date	location of mtg./run	signature of officer

RUNS

1. _____	_____	_____
Date	location of mtg./run	signature of officer

2. _____	_____	_____
Date	location of mtg./run	signature of officer

3. _____	_____	_____
Date	location of mtg./run	signature of officer

**REDDING BLACK SHEEP FOUR WHEEL DRIVE CLUB
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH REDDING BLACK SHEEP FOUR WHEEL DRIVE CLUB RUNS AND/OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that REDDING FOUR WHEEL DRIVE CLUB and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature	Date	Participant's Name (Please print legibly)	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)