

## Colorado Quad Runners ATV Club – Denver Trails Chapter Membership Application

All new and current members must submit a membership application every year. Those 18 years and older must hold their own single or family membership. Print and complete all of the following information (waiver must be signed for membership to be valid) and mail, along with a check or money order, to:

**CQR – Denver Trails**  
**PO Box 491**  
**Littleton, CO 80160-0491**

**Membership Dues** (March)  
**Family: \$30 per year**  
**Single: \$20 per year**

I/We request membership in the Denver Trails Chapter of CQR and agree to abide by the required dues and the Bylaws, including the stated purposes of the Club and Chapter:

Name of Single or 1st Family Member: \_\_\_\_\_ (Mr/Mrs/Ms/Dad/Mom)  
 Name of 2nd Family Member: \_\_\_\_\_ (Mr/Mrs/Ms/Dad/Mom)  
 Name of 3rd Family Member: \_\_\_\_\_ (Son/Daughter/Other)  
 Name of 4th Family Member: \_\_\_\_\_ (Son/Daughter/Other)

Address: \_\_\_\_\_ New?

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Contact Telephone Number (s): \_\_\_\_\_ New?

1. ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (cell/home/bus)
2. ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (cell/home/bus)
3. ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ (cell/home/bus)

E-Mail: \_\_\_\_\_ New?   
*For receiving notices and information from the Club and Chanters*

I understand that my name and above information will be added to the official membership list. In addition (check one), I authorize the Club to share with other Club members my address, telephone numbers, and e-mail: *(you must **initial** one of the following boxes)*

YES [ \_\_\_ ] The Club can share all above information with other Club/Chapter members.

NO [ \_\_\_ ] The Club/Chapter cannot share my information {other than Name (s) and City} with the general membership, but all above information can be used for official Club and Chapter purposes.

**Your application will not be accepted unless the following Waiver and Release is signed.**  
**Waiver and Release**

I, the applicant (Releasor), being at least 18 years of age or the parent or guardian of a minor, in consideration of being permitted to become members in the Colorado Quad Runners ATV Club and one of its Chapters (Releasees), WAIVE, RELEASE, and DISCHARGE the Releasees, officers, directors, employees, members, agents, assigns, legal representatives and successors, any business associates and partners involved in the membership of the above noted Club or its chapters, from all liability for or by reason of damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in Club or Chapter membership, rides, outings, or activities, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasees.

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 the Releasees for any property loss or personal injury that I may sustain while attending and/or participating in any activities involving the above noted Club or one of its chapters.

I acknowledge that I am informed and understand both the major (up to and including death) and minor hazards and risks associated with my membership, participation and/or attendance. I understand, accept and assume those hazards and risks. Therefore, 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 Club or Chapter related activity and I have personally obtained all insurance protection that I want.

I understand that I will not be permitted to become a member of the above noted Club and Chapter 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 THE RELEASEES.

*Name of each family member: (Do not sign unless you are age 18 or older. For family memberships, at least one of the applicants must be age 18 or older, and a parent or guardian must sign for family members under the age of 18.) Use additional forms if needed per family.*

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date