

2012 W.C.H.A. MEMBERSHIP RENEWAL

Attached is your 2012 Membership Form. Please fill out and return by fax or mail. You may call me at 888-244-4-7547 if you need to renew by phone. We no longer support an Online Service at this time. Thank you

Lynn Horne
Skip's at Carnegie, Inc
P O Box 1766
Twain Harte, CA 95383
Fax: 209-586-9308
Phone: 888-244-7547

WEST COAST HILLCLIMB ASSN.

APPLICATION FOR 2012 MEMBERSHIP
P O Box 1766, Twain Harte, CA 95383
888-244-7547 fax 209-586-9308
www.westcoasthillclimbassn.com

PRINT CLEARLY

CARD # _____ BIRTH DATE _____
FULL NAME _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ EMAIL _____

Annual Membership \$20.00
January thru December

CIRCLE ONE
New **Renewal**

CASH CHECK CREDIT CARD

CREDIT CARD # _____

EXPIRATION DATE _____

NAME ON CARD (PRINT) _____

CARDHOLDER SIGNATURE _____

PLEASE READ AND SIGN THE FOLLOWING:

RIDERS ARE SOLELY RESPONSIBLE FOR THEIR OWN SAFETY. WEST COAST HILLCLIMBERS ASSOCIATION DOES NOT TEST THE SKILLS OF COMPETITORS AND DOES NOT ASSUME RESPONSIBILITY FOR THE SKILL LEVEL OF THE PARTICIPANTS.

I UNDERSTAND THAT THE WEST COAST HILLCLIMB ASSN. CANNOT ASSUME RESPONSIBILITY FOR ANY ASPECT OF MY SAFETY AND THAT IF I PARTICIPATE IN ANY SANCTIONED EVENT, I DO SO VOLUNTARILY ON MY OWN ASSESSMENT OF MY ABILITY, THE COURSE, AND ALL FACILITIES AND CONDITIONS, ASSUMING ALL RISK; AND I RELEASE AND HOLD THE WEST COAST HILLCLIMB ASSN. HARMLESS FOR ANY INJURY OR LOSS TO MY PERSON OR PROPERTY WHICH MAY RESULT THEREFROM. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE WEST COAST HILLCLIMB ASSN. , OR ANY OTHER DIVISION OF SKIP'S AT CARNEGIE, INC., RESULTING FROM ANY INJURY OR LOSS TO MY PERSON OR PROPERTY AT ANY SUCH EVENT.

APPLICANT SIGNATURE (REQUIRED) _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____