



Indian River ATV Club, Inc.

PO Box 272 Theresa, NY 13691

Website: www.indianriveratvclub.com

E-mail: indianriveratvclub@gmail.com

Please mail application with check or money order to the Address above, or give application & money to a Member.

TRAIL-PASS APPLICATION

(Trail-Passes Valid: January 1st to December 31st Yearly)

Members' Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone(s) #: _____ E-Mail: _____

(This Box is for: Individual Collecting Money)

DATE: _____
CASH / CK. # _____
\$ _____
REC'D BY: _____
Trail-Pass #(s) _____
NOTE: _____

\$25.00 () ' **SINGLE** ' Person TRAIL-PASS per Year: ** **SINGLE** = 1-Person (Must Be 18-yrs. of Age or Older) **

- (1) Trail-Pass Per (1) Machine
- All Additional Machines = **\$5.00** Per Trail-Pass

Machine Year: _____ Make: _____ Model: _____ CC: _____

(Due to Trail Insurance Coverage):

'SINGLE' => **DOES NOT** Cover Any Passengers (More Than 1 Person Per Machine Must Purchase a Family Trail-Pass)

\$35.00 () ' **FAMILY** ' TRAIL-PASS per Year: ** **FAMILY** Trail-Pass Owner(s) MUST BE 18-Years of Age or Older **

(**FAMILY** = 2 (Two) or More People Living in Same Household, As Listed on Application)

** **NOTE:** If **FAMILY** has (1) Machine, **FAMILY** Receives (1) Trail-Pass

- (1) Trail-Pass Per Machine #1 & (1) Trail-Pass Per Machine #2 (Up to 2-Trail-Passes Per Family)
- All Additional Machines = **\$5.00** per Trail-Pass

Machine # 1 & Machine # 2 Information Needed:

(#1) Year: _____ Make: _____ Model: _____ CC: _____

(#2) Year: _____ Make: _____ Model: _____ CC: _____

Family Trail-Pass Information: Spouse Name: _____ Relation: _____

Child Name (1): _____ Child Name (2): _____ Child Name (3): _____

**** ** ANYONE Living in Separate Households Must Have Their Own Trail-Pass Application, Payment & Sticker(s) ** ****

Additional Machine(s) Information: (\$5.00 Per Machine's Trail-Pass)

Year: _____ Make: _____ Model: _____ CC: _____

Year: _____ Make: _____ Model: _____ CC: _____

Waiver: I, the undersigned, waive all rights from accident or injury while participating in any event sponsored by the Indian River ATV Club, Inc.

I fully understand that the sport of OHV riding is dangerous, and involves the risk of injury or death.

All members must follow NYS DMV, NYS DEC, Local and NYS State Laws. I will Not file suit against the Indian River ATV Club, Inc., nor It's Officers, Board of Directors, Members and/or any Landowner where, on or near designated trails, rides or facilities are located.

Signature: _____ Date: _____

NYS Rule / Regulation: ** Ages 10-yr. up to 15-yr. Old = Driving their own machine on the Club Trail-System Property Applies to the Following:

Must Be Accompanied by a Parent or Guardian 18-yrs. of Age or Older, or a person 16 or 17 years of age who holds an ATV Safety Course Completion Certificate from an Approved Safety Course Provider & Must have a Safety Course Certificate on Person.

** **Trail-Pass Receipt** **

TRAIL-PASS - Name(s): _____ TRAIL-PASS #(s) _____

Circle One: Family/Single \$ _____ Cash / CK# _____ Date: _____ Received By: _____

**** TRAIL-PASS LOCATION on ALL MACHINE(s): `FRONT - LEFT` → Side of Machine in Visible Location.**

(Please Thoroughly Clean Area Before Applying the Trail-Pass to Your Machine.)