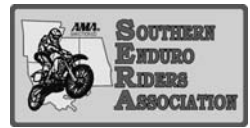




SOUTHERN ENDURO RIDERS ASSOCIATION MEMBERSHIP APPLICATION



Please Check One

New Member _____ Renewal _____ Life _____ Spouse _____

Please Print

SERA # _____ AMA # _____

First Name _____ MI _____

Last Name _____

Address _____

City _____

State _____ Zip _____

Age _____ Birth Date _____ / _____ / _____

Home Phone () _____

Work Phone () _____

Other Phone () _____

E-Mail: _____

Helmet Size: Adult _____ Youth/Child _____

Please Read Carefully and Sign Signifying Complete Understanding

I hereby agree to abide by and be governed by the Rules for Competition set forth by the Competition Congress of the American Motorcycle Association, Inc. I also agree to abide by and be governed by the Supplemental Rules set forth by the Club Council of the Southern Enduro Riders Association. I understand that refusal to abide by and be governed by the above listed policies will result in immediate disqualification for any SERA event and possible permanent disqualification from all SERA events that will be sponsored in the future. I agree to hold completely blameless the AMA, the SERA, the sponsoring clubs, or any members or officers thereof for any losses or injuries (including death) that may occur as a result of my participation in a SERA event. I also agree to hold blameless the owners of the properties that I may cross during the course of any SERA event for any losses or injuries (Including death).

_____/_____/_____ / _____
Signature of Rider _____ Date _____

FOR ALL RIDERS UNDER 21 YEARS OLD

Being the legal Parent and/or Guardian of the above named minor, I do hereby approve of and agree to the minor's participation in SERA events. I agree to release clause listed on the page completely and without reservations.

_____/_____/_____ / _____
Signature of Parent or Guardian _____ Date _____

Appeared before me on this _____ day of _____, 20_____.
I do hereby certify that the signee understands and fully accepts the document completely.

_____/_____/_____ / _____
Notary Signature (Seal) _____ Date _____

Make checks payable to: SERA
Mail to: SERA
c/o Debbie Rudder
155 Kaye Dr.
Madison, MS 39110

If mailed/given direct to SERA: \$25.00
If joining at event: \$30.00