

# 2008 WOTA MEMBERSHIP FORM & STATEMENT OF RESPONSIBILITY

You are voluntarily requesting membership in the WISCONSIN OBSERVED TRIALS ASSOC., INC., herein referred to as WOTA. WOTA is an AMA chartered motorcycle club established for the purpose of furthering the sport of Observed Trials by promoting various Trials events throughout the year. Although events are sanctioned by the AMA/District 16, this sanction does not indicate that the events, or any integral part of the events (i.e., loop, sections, pit area, etc.) have been inspected by the AMA, District 16 or WOTA; nor does it indicate that the officials have been trained or accredited by the AMA, District 16 or WOTA; nor does it indicate that your safety has been warranted by any AMA, District 16 or WOTA authority.

Motor Sports are inherently dangerous! **RIDE AT YOUR OWN RISK!** You should take part in AMA/WOTA/District 16 events based solely on your own assessment of your abilities! Events may traverse public and private lands and public and private roads/trails, and the AMA, District 16, WOTA are not responsible, either jointly or separately, for their condition or for the actions of other individuals using public and private lands and public and private roads/trails. You are responsible for the quality and condition of your motorcycle and protective apparel. **If you have entered a WOTA event and determine it to be unsafe or beyond your abilities, it is your responsibility to cease competition and WOTA will refund your entry fee upon request!**

**WOTA does not provide medical insurance! WOTA urges you not to compete in motor sports without adequate personal medical insurance coverage.**

**I, the undersigned, have read and understand this form!**

Signature (in ink) \_\_\_\_\_ Date signed \_\_\_\_\_

**Please print legibly**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_  
AMA# \_\_\_\_\_ Exp Date \_\_\_\_\_

Which AMA district are you a member of? \_\_\_\_\_

WOTA membership is \$10 per year for one adult, which includes his/her spouse and all family members under 18 (or a full-time student) Proof of age or student status may be required.

**Each family member copy this form and fill in completely.**

Make check payable to WOTA & send entire form to: Jim Altemus (Treasurer)  
S6426 US Hwy 12  
Baraboo WI 53913

Join WOTA today and begin receiving these benefits!

- ◆ Receive all WOTA mailings.
- ◆ Members have a vote in club decisions and elections.
- ◆ Your membership strengthens the club and supports the future of Wisconsin Trials!

Planning to compete?

WOTA membership **is not required.**

An AMA card & any district membership card are required to compete in AMA sanctioned events. A district 16 membership card is required to receive points and season awards in district 16.