



HALTON OFF ROAD RIDERS ASSOCIATION



H.O.R.R.A.

Membership Application Form

Personal Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone #: _____

Email Address: _____

Waiver

The Halton Off Road Riders Association (HORRA), is in no way responsible for any mishap, damage, theft, injury, accident, death, etc of any rider and/or motorcycle while on any official or unofficial ride with the Halton Off Road Riders Association (HORRA), its members, officials or in company thereof. I for myself, my heirs, executors, administrators, successors and assigns agree to save harmless and keep indemnified the Halton Off Road Riders Association (HORRA), the Canadian Motorcycle Association, the other members from and against all actions, claims, costs and demands in respect of injury, death, loss of or damage to my person or property howsoever caused arising out of or in connection with my being a part of the Halton Off Road Riders Association (HORRA), and notwithstanding that the same may have been contributed to or occasioned by the negligence of the same bodies, their agents, officers, servants or representatives.

Signature: _____ **Date:** _____

Membership Fees are \$30.00

Please make cheque payable to Halton Off Road Riders Association

Mail completed form and fees to:

Halton Off Road Riders Association
P.O. Box 15
Georgetown, ON L7G 4T1