



**Western Slope 4 Wheelers Club Membership Application**

P.O Box 2037, Montrose, CO 81402- [www.ws4w.com](http://www.ws4w.com)

Name: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Membership \_\_\_\_\_ Full \_\_\_\_\_

Associate \_\_\_\_\_

Membership dues are listed on the website under "Membership"

Decals \_\_\_\_\_

Share contact email address & phone number with members:      Yes    No    (Circle one)

4x4 Make/Model: \_\_\_\_\_ Modifications & Equipment: \_\_\_\_\_

I understand and acknowledge that my participation in off highway travel, aka four wheeling, is purely voluntary. I further understand and acknowledge the fact that off highway travel is a recreational activity and is an inherently dangerous and hazardous activity. I accept the risk and hazards of the same, including without limitations the risk of personal injury or death.

The undersigned do hereby, for myself, my heirs, executors, administrators and assigns, **RELEASE, ACQUIT, AND FOREVER DISCHARGE AND HOLD HARMLESS** the Western Slope 4 Wheelers Club, and the organizers and participants of club events in which we participate. I hereby covenant not to sue, and release the Western Slope 4Wheelers Club, its respective officers, directors, members, and event participants, from any and all claims, demands, damages, fees or cost of any nature arising out of my participation.

I attest and verify that I will be responsible for any injury to myself or any for whom I am responsible, and I will be responsible for any damage to my vehicle, while attending Western Slope 4 Wheelers Club event. Furthermore, I certify that my vehicle meets safety requirements for legal operation in the state of this activity.

I fully recognize that by signing this membership application I am releasing all parties connected to the Western Slope 4 Wheelers Club from any and all liability that may arise, out of any injury and/or death that I or my passengers may suffer while engaged in the activities or riding in a participants vehicle, or during any club event.

I acknowledge that no alcohol or non-prescription drugs are allowed on the trail and agree to abide by this rule.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WS4W dues are not tax deductible