



**RIVERS EDGE OUTDOORS—THE ULTIMATE IN MOTORCYCLE AND ATV TRAILS!**

**RIDER REGISTRATION FORM**

Please Print Legibly.

Pass Number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

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

Snail Mail Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

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

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

Phone number: \_\_\_\_\_

Additional number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I \_\_\_\_\_ have read and understand the rules and waiver information for Rivers Edge Outdoors. By signing this form I am admitting that I am willing to abide by the rules, and understand that breaking the rules could result in an immediate, NON-REFUNDABLE termination of my relationship with Rivers Edge Outdoors, LLC.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_