

Texas Tactical Jeep Club Membership Application

PLEASE PRINT CLEARLY

Name (First & Last):

Street Address:

City/State/Zip:

Date of Birth: ___/___/___

Phone:(Cell)

Email Address:

Jeep Year/Model: _____

Off-Road Experience: (circle one) Beginner Intermediate Advanced

How Did You Hear About Us? _____

This section to be filled out and signed by a Club official.

Decal delivered

4WP Roster

Text List

Membership Paid:

Date:

Signed:

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THE FOLLOWING

1. I understand and agree to abide by TTJ By-Laws.
2. I recognize that when taking a 4-wheel drive vehicle on natural terrain and unpaved roads, there is inherent risk. I hereby agree to assume all risks relating to TTJ events, and knowingly participate in driving upon unpaved roads, hills and byways that are in a natural state.
3. I agree to hold harmless all officers, directors, members and volunteers of TTJ from any and all liability and claims resulting from but not limited to, any loss, injury, or damages sustained by me or my vehicle, or resulting from my actions due to my participation in or involvement with Texas Tactical Jeep Club.
4. I agree to assume all risk of injury to any passenger in my vehicle during Club Events.
5. I agree that there is absolutely NO alcohol allowed while driving on trails during club events.
6. I agree that any disputes will be settled by the leadership of the club.
7. I understand my membership dues, in the amount of \$100.00(lifetime) are due at time of application.
8. I understand my membership includes all members of the household under the age of 18 and spouses.
9. I understand additional Jeeps within my household may be added to my membership at a no cost other than TTJ sticker cost.
10. I understand membership dues are non-refundable.

Signed: _____ Date: _____

List of all Household members to be included:

Emergency Information

Medical Issues (current prescriptions, allergies, medical problems EMS should know about in case of emergency):

Emergency Contact – Name and Phone

Number: Relationship: (parent, spouse, etc.)

Vehicle Insurance Company Info: