



Southern Interior Karting Association Annual Dues Form

#35 L&A Cross Road, Vernon, BC. www.vernonkartclub.com

SUBMISSION FOR THE 2023 RACE SEASON

All members must be 8 years of age or older or turn 8 in their first year of membership.
(PLEASE PRINT CLEARLY)

Members Name: _____ Age: _____ Birthdate: _____
 _____ Address: _____ City: _____

 Province: _____ Postal Code: _____ - _____
 Cell/ Home Phone: (____) _____ E-Mail Address: _____

Dues for a voting member over 16 years of age is \$50.00. Family member dues are \$5.00 each if residing at the same address. (Family Members Cannot Vote)

Family Members

Name: _____ Age: _____ Birthdate: _____
 Name: _____ Age: _____ Birthdate: _____
 Name: _____ Age: _____ Birthdate: _____

INDEMNIFICATION OF OFFICERS, COMMITTEES AND MEMBERS

I UNDERSTAND AND AGREE that no officer, committee member or general member of the SOUTHERN INTERIOR KARTING ASSOCIATION, hereinafter referred to as SIKA, shall be personally liable for any of its debts, obligations and/or acts.

I UNDERSTAND AND AGREE that each member and officer of the club, whether or not then in office, including their heirs, executors and/or administrators, shall be and is hereby indemnified by the club against any and all costs and expense, including but not limited to counsel fees reasonably incurred by or imposed upon them in connection with or resulting from such action, suit or proceeding, to which they may be made a party by reason of their being, or having been, a member or officer of the club, including costs and expenses paid in connection with the settlement or compromise of any such action, suit or proceeding, provided that nothing contained herein shall protect, or be deemed bad faith, gross negligence, or reckless disregard of the duties involved in the conduct of their officers.

I UNDERSTAND the foregoing right of indemnification shall not be exclusive of the rights to which any member or officer of this club may be entitled as a matter of law. I UNDERSTAND that kart racing is a hazardous sport and AGREE to assume all risks involved in connection with participation in karting events. Further, I UNDERSTAND that I am fully and solely responsible for arranging for medical insurance or any other form of insurance, as the SIKA does not provide or arrange for any kind of insurance for me.

I AGREE to relieve the SIKA, its members, officers, agents, servants and those officiating in the karting events of all liability for losses or damages of all and every description, including but not limited to, any injury (including loss of life), and the loss of or damage to my personal property however caused, including negligence of the SIKA or any of its members, officers or agents.

I HAVE READ, UNDERSTAND AND AGREE to abide by the rules, regulations, policies, by-laws, operating procedures and the decisions of the club.

Date: _____ Applicant Signature: _____

Our Preferred Payment Method is eTransfer. Please send to: sika.kartingassn@gmail.com

Amount Paid: \$ _____ Date Paid: _____ eTransfer Confirmation #: _____

Approved in principle by: _____ (Club Representative Name & Signature) Date: _____

Your SIKA membership will be formally approved and in writing upon SIKA accounts receiving the payment of your membership in full.

PLEASE BE ADVISED: DO NOT APPLY FOR YOUR CACC LICENSE PRIOR TO MAKING FULL & FINAL PAYMENT TO SIKA

General Club Meetings are held ONCE a month. Members will be notified of Date/Time/Location via email & Facebook.