

# Rio Salado Sportsman's Club

3960 N. Usery Pass Road Mesa, AZ 85207 480-984-3724

## 2020 Off Road/Golf Cart/ATV

### Daily Use Registration Form

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

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

Phone Number: \_\_\_\_\_

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

Cart Description \_\_\_\_\_ VIN# \_\_\_\_\_

License Plate # (if applicable) \_\_\_\_\_

Trailer Description \_\_\_\_\_ VIN# \_\_\_\_\_

License Plate # (if applicable) \_\_\_\_\_

I understand that the State of Arizona, the Arizona Game and Fish Department, Rio Salado Sportsman's Club Inc., as well as all of Rio Salado employees and volunteers assume no responsibility for safeguarding, nor financial liability for, vehicle(s) and/or equipment I am operating while on Rio Salado Sportsman's Club property:

I further understand it is my responsibility to purchase adequate liability insurance to provide financial coverage should damage occur to any vehicle(s) or equipment I operate while on Rio Salado Sportsman's Club property. I understand that I must provide proof of insurance in order to operate my off road vehicle/Golf Cart while on the premises. I also understand that only licensed individuals may operate the vehicle at this facility.

Most insurance companies provide an off road vehicle policy that would cover these requirements:

#### Insurance Coverage must include:

- Bodily Injury (Minimum of \$100K per person & \$300K per accident)
- Property Damage (Minimum of \$100K per accident)
- Collision (Actual Cash Value)
- Comprehensive (Actual Cash Value)
- Underinsured Motorist for Bodily Injury (Minimum of \$100K per person & \$300K per accident)
- Uninsured Motorist for Bodily Injury (Minimum of \$100K per person & \$300K per accident)

I agree to abide by the laws, regulations and rules established by the Arizona Game and Fish Department and Rio Salado Sportsman's Club while on the facility. Any violation of these laws, regulations and rules may result in Rio Salado Sportsman's Club taking actions such as; nullifying this registration form, my property and I being ordered to leave the facility immediately.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_