ROCKY MOUNTAIN VENTURE TOURING ASSOCIATION

ATTENDANCE RECORD AND ***LIABILITY WAIVER***

MONTHLY MEETING: _____ **DATE:** _____

Directions: This form should be completed for each Meeting, by each Member attending.
PLEASE return the form to the Member Committee Chairperson, on the meeting date.

Each participant is solely responsible for the safe and successful operation of his/her vehicle during this event.

PRINT NAME	**PRINT NAME**