

CC _____

Night Racing (please circle)

Bike # _____

Tuesday Wednesday Thursday

Entry Form

Please Print:

Name: _____ Telephone: _____

Address: _____ Age: _____

Make/Model of Vehicle _____ Year _____

Experience: Years Riding _____ Years Racing _____

Any Additional Information: _____

Email Address: _____

Release Liability

The above listed participant hereby warrants that he/she is fully aware of the risks, hazards and potential for personal injury, including death, associated with participating in the above listed event and further warrants that he/she has sufficiently trained and/or practiced and is sufficiently good physical condition to participate in motor sports of this nature.

Furthermore, the participant hereby agrees to indemnify and hold harmless the Raccoon Township Volunteer Fire Department, its Board of Directors, members and employees, from any liability arising out of his/her participation in this event. This release shall be binding upon the participant herein, his/her heirs, executors and administration.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND SIGN IT VOLUNTARILY.

Signature of Applicant

UNDERAGE PARTICIPANT:

I hereby certify that I am the parent or legal guardian of the participant who is under the age of 18 years and further agree to be bound by the terms of this liability release, which I have read and understood.

Signature of Parent or Legal Guardian