

Bike Registration Form

GS Hare Scrambles OFFICIAL ENTRY FORM

Mail to: 17100 E. Shea Blvd Suite 530- Fountain Hills, Az 85269- Attn: Gary

MEMBERSHIP REQUIRED \$25.00

BACKING COLORS

MAIL PRE-ENTRY FORM MUST BE POST MARKED 10 DAYS BEFORE RACE

Pro \$100 100% Pro Entry Payt
 \$60.00

MAKE: _____
 CC: _____
 YEAR _____

PRO---	BLUE
A ----	RED
B ----	YELLOW
C ----	GREEN

POST ENTRY FEES: SIGN UP OPENS AT 05:30AM

Pro \$100
 \$70.00

1st NUMBER CHOICE:

2nd NUMBER CHOICE:

INACCURATE OR INCOMPLETE ENTRY DATA ARE THE RIDERS RESPONSIBILITY AND MAY RESULT IN DISQUALIFICATION

NAME: _____ Mebership # _____ EXP. DATE _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ AGE: _____ D.O.B.: _____

PHONE: _____ E MAIL: _____

SPONSORS: _____

CHECK BOX FOR YOUR RACE:	Vintage	Women	PRO	A	B	C	UNCL	
Please put an X in the appropriate box:								
Pro								
Open A,B,C								
250 A,B,C								
86cc – 200cc A,B,C								
Over 30+ A,B,C								
Over 40+ A,B,C								
Over 50+ Sportsman								
Women Class								Total

ENTRANT RELEASE AND ASSUMPTION OF RISK AGREEMENT

ENTRANT ACKNOWLEDGES THE SUBSTANTIAL RISK OF INJURY TO PERSON AND/OR PROPERTY RESULTING FROM FROM PARTICIPATION IN MOTORCYCLING OR QUAD EVENTS AND FURTHER ACKNOWLEDGES THAT SUCH INJURY CAN BE NEGLIGENCE ACTS AND OMISSIONS OF PERSONS AND ORGANIZATIONS CONNECTED WITH THE CONDUCT OF SUCH EVENTS. ENTRANT HEREBY ASSUMES ALL RISK OF INJURY OR DAMAGE RESULTING FROM PARTICIPATION IN THIS MOTORCYCLE/QUAD/UTV EVENT AND RELEASES FORT MCDOWELL YAVAPAI NATION, GRINDINGSTONE SPORTS PARK , FORT MCDOWELL YAVAPAI MATERIALS, SPONSORING CLUBS AND ORGANIZATIONS, MEMBERS AND OFFICERS, PROMOTERS, OFFICIALS, LANDOWNERS, VENDORS, SPONSORS, EQUIPMENT SUPPLIERS, FELLOW PARTICIPANTS, MEDICAL SERVICES, AND THOSE ACTING IN THEIR SUPPORT OR IN THEIR BEHALF FROM ANY AND ALL LIABILITY ARISING FROM NEGLIGENCE ACT OR OMISSION OR OTHERWISE RESULTING IN PERSONAL INJURY PROPERTY DAMAGE OR DEATH TO PARTICIPANT, PARTICIPANTS PROPERTY OR PARTICIPANTS FAMILY. ENTRANT HAS MEDICAL INSURANCE WHICH WILL PAY FOR ANY MEDICAL EXPENSES ARISING FROM INJURIES SUFFERED IN THIS EVENT FROM ANY OF THE PERSONS OR ORGANIZATIONS LISTED ABOVE.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS

MUST BE SIGNED: _____ **DATE:** _____

I FURTHER UNDERSTAND THAT RACING IS A DANGEROUS SPORT AND I MAY BE SEVERLEY INJURED AND POSSIBLY KILLED. IT IS UNDERSTOOD AND AGREED THAT IN THE EVENT I AM INJURED OR KILLED FROM WHATSOEVER CAUSE DURING THE EVENT COVERD BY THIS APPLICATION, I HEREWITH CONSENT AND AUTHORIZE FIRST AID AND AMBULANCE SERVICE AS PROVIDED BY THE SPONSORING CLUB, ORGANIZATION, OR LAND OWNER AND FURTHER HOLD ALL PARTIES HARMLESS FROM ANY CONSEQUENCES OF SAID AID. I HEARBY AGREE TO CONFORM AND COMPLY TO THE RULES GOVERNING THIS CONTEST.

MUST BE SIGNED: _____ **DATE:** _____

A SEPARATE MINORS RELEASE IS REQUIRED BY ALL ENTRANTS UNDER THE AGE OF 18

FOR OFFICIAL USE ONLY:					
TOTAL ENTRY FEE: \$	CHECK #	CASH: YES	CIRCLE	COMP: CIRCLE	APPROVED
CREDIT CARD INFORMATION:	VISA	MASTERCARD			
CARD #					