

PACNW VMX Entry Form 2017

BEG/NOV_____

Name_____

INT_____

Address_____

EXP_____

City_____ State_____

Zip_____ Phone_____

DOB_____ Email_____@_____

1st entry

Class_____

Number_____ Year_____

Brand_____

Machine CC_____ Vintage_____ Evo_____

2nd entry

Class_____

Number_____ Year_____

Brand_____

Machine CC_____ Vintage_____ Evo_____

3rd entry

Class_____

Number_____ Year_____

Brand_____

Machine CC_____ Vintage_____ Evo_____

I hereby give up all of my rights to sue or make any claims for damages due to negligence or any other reason whatsoever against PACNW VMX, Racer X, Idaho Vintage MX, and Owyhee Motorcycle Club, and all other persons, participants or organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon the premises. I know the risks of a danger to myself and my property while preparing for and participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with this event for damages incurred as a result of my negligence. I also certify that I am currently covered by a personal health insurance policy.

RIDERS SIGNATURE_____ RIDER AGE_____

PARENT OR GUARDIAN SIGNATURE IF RIDER IS UNDER 18 DATE_____