



Rider's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Birdate: \_\_\_\_\_ Age as of January 1st: \_\_\_\_\_

**RACE ENTRY FORM**

RACE DATE: \_\_\_\_\_

1st Class: \_\_\_\_\_

Rider No. \_\_\_\_\_ Brand: \_\_\_\_\_ CC: \_\_\_\_\_

2nd Class: \_\_\_\_\_

Rider No. \_\_\_\_\_ Brand: \_\_\_\_\_ CC: \_\_\_\_\_

3rd Class: \_\_\_\_\_

Rider No. \_\_\_\_\_ Brand: \_\_\_\_\_ CC: \_\_\_\_\_

**LIABILTY WAIVER**

Upon signing this waiver, I do understand that Sandusky Valley Riders Motorcycle Club and its members as a group or individually, will not under any circumstances be held liable for any injuries of any kind or nature which may occur or be received as a result of said participant's participation in the said event, and hereby expressly waive all claim for injuries that may occur to myself or anyone I injure, caused by myself or anyone else while being a contestant or spectator of said motorcross event held at Sandusky Valley Riders Motorcycle Club. This also includes any property damages to my property in any form. I understand that I am liable for any property damages I may cause to Sandusky Valley Riders Motorcycle Club's facilities.

Rider's Signature: \_\_\_\_\_

**PLEASE NOTE**

We do not carry insurance on riders or spectators. If you do not have insurance, we suggest that you do not participate in or spectate at this event!

**Minor Release - Continue on other side**

**MINOR RELEASE FORM**  
**SANDUSKY VALLEY RIDERS MOTORCYCLE CLUB**  
**SYCAMORE, OH**

I have discussed the event I wish to participate in with my parents or legal guardians and they have explained to me the possibility of my being injured. I understand what they have explained to me, and I know that I could be injured, possibly severe or even worse.

I am willing to assume the responsibility of this in order to be a participant in the event that I wish to participate in.

I also agree that, at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from the event, and will do so of my own free will.

I know that I am not giving up any of my rights and that it is ok for me to participate.

**I HAVE READ THE ABOVE ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS AND HAVE SIGNED THIS FORM VOLUNTARILY.**

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MINOR'S PRINTED NAME

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FATHER/MOTHER/LEGAL GUARDIAN PRINTED NAME

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MINOR'S SIGNATURE

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FATHER/MOTHER/LEGAL GUARDIAN SIGNATURE

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DATE

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DATE