

2020 Entry Form

PO Box 122 Auburn, CA 95604

530-878-RACE (7223)



Rider Number _____ Divison _____

(Issued by FFMS)

Name _____ SSN # _____ - _____ - _____ DOB _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____ Cell Phone # _____

E-Mail _____

Emergency Contact _____ Phone # _____ Relationship _____

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the American Motorcyclist Association sanctioned event "EVENT(S)" or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited including but not limited to the competition area and any hot pit area), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she enters and he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she believes anything to be unsafe or unsatisfactory in any way, he/she will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S). I acknowledge that I may not have the opportunity to inspect any RESTRICTED AREA prior to the event.
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning or administrative organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, drivers, builders and designers, crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and for each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as "RELEASEES", FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, FEES OR COSTS they may incur arising out of or related IN ANY MANNER TO MY ATTENDANCE AT OR PARTICIPATION IN THE EVENT(S), AND WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT SHALL BE INTERPRETED UNDER THE LAWS OF THE STATE OF OHIO. If any part of this Agreement is adjudged to be invalid for any reason, I agree that the remaining terms of the Agreement remain in full force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW

I HAVE READ AND UNDERSTAND THIS AGREEMENT

Riders's Signature _____ Date _____

If entrante is under 18, then this entry form must be accompanied by a notarized signature from your parent or guardian acknowledging his or her consent to the above terms of entry

I, _____, have read (and or had my parent read and explain to me) the
(PRINT NAME)

Attached supplemental Youth Rules and Track Rules and will abide by them always and throughout the 2020 season. By signing this I also acknowledge I am covered on my parents insurance to cover any injury I might receive while racing or anytime I am a participant at Fast Fridays Motorcycle Speedway. I also acknowledge that I am and my child is current AMA Members and AMA Speedway License.

SIGNATURE

DATE

I, _____, I am the legal parent or legal guardian of
(PRINT NAME)

_____ and giving my consent for my son/daughter to
(CHILD'S NAME)

participate in Speedway Motorcycle racing at Fast Fridays Motorcycle Speedway in Auburn during the 2020 season. I also acknowledge that I do carry medical insurance for my child and will continue to carry medical insurance through 2020 season to cover any injuries that my child may sustain.

SIGNATURE

DATE

(Must be notarized)

**Please sign (notarized) and return this form
along with your Rider Entry form.**