

COMPETITION EVENT ENTRY APPLICATION

(PLEASE PRINT - ALL INFORMATION IS REQUIRED)

SPORTS COMMITTEE - DISTRICT 37 AMA, INC.

ONE LOOP OPTION Check if you elect to ride only 1 loop at this event.

LICENSE & MEMBERSHIP NUMBERS

Enter ALL CURRENT YEAR Information

D37:

DESERT # _____ ENDURO # _____

BEST OF THE WEST # _____

GRAND PRIX # _____

AMA MEMBER # _____ EXPIRES _____

If NEW AMA Member, enter your receipt "T-number"

NATIONAL COMPETITION # _____ PRO A B
(circle one)

MARK ONE BOX FOR YOUR CLASS

CLASSES	A EXP	B INT	C NOV	D BEG
0-85cc MINI				
86-200cc LWT-II				
201-250cc LWT-I				
251cc+ HWT				
0-250cc 30+ VET LWT				
251cc+ 30+ VET HWT				
0-250cc 40+ SEN LWT				
251cc+ 40+ SEN HWT				
0-250cc 50+ MAG LWT				
251cc+ 50+ MAG HWT				
QUAD				
WOMEN				
40+ WOMEN				
SIDECAR				
60+ MASTERS				
70+ LEGENDS				

MOTORCYCLING IS A DANGEROUS SPORT

NAME OF ENTRANT _____ AGE _____ TELEPHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Make of Motorcycle _____ Engine Size(cc's) _____ CLUB _____

EMAIL: _____ EMERGENCY CONTACT#(_____) _____

SPONSORS: _____

EVENT: _____ LOCATION _____

We are entering as a team: YES NO Team Members: 1. _____ 2. _____

ENTRANT RELEASE AND ASSUMPTION OF RISK AGREEMENT

Entrant acknowledges the substantial risk of injury to person and property resulting from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent 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 motorcycling event and releases Sports Committee District 37 A.M.A., Inc. (District 37), The American Motorcyclist Association, Bureau of Land Management, sponsoring Clubs and Organizations, Promotors, Officials, Fellow Participants, Landowners and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to participant, participant's property, or participant's family.

Entrant has medical insurance which will pay for any medical expenses arising from injuries suffered in this event. Entrant will not seek payment or reimbursement for expenses incurred for medical services and treatment resulting from injuries suffered in this event from any of the persons or organizations listed above.

I HAVE READ THIS AGREEMENT AND I UNDERSTAND ITS TERMS

Signed _____ Date _____

The undersigned does hereby certify that he or she is a duly qualified rider having been so qualified by a competent organization.

(Circle One) Beginner Novice Intermediate Expert or Enduro Class A B C D

It is further understood and agreed that in the event I am injured from whatsoever cause during the event covered by the application, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owner, and further hold all parties harmless from any consequences of said aid.

Under the rules and sanctions of the American Motorcyclist Association, I hereby agree to conform and comply with the rules governing this contest.

Signature of entrant: _____ Date _____ 20_____

ENTRANT UNDER 18 YEARS OF AGE

MUST COMPLETE SEPARATE NOTARIZED RELEASE (contact club)