

2010 COMPETITION FEE FORM

Rider # _____

All age classes must provide photo copy of proof of age

Your Date of Birth _____

Phone Number (____) _____

Your Name _____

Work Number (____) _____

Street _____

City _____

State _____ Zip _____

ATV Mfg. _____

Race Class _____ email _____

PLEASE READ CAREFULLY
Release and Liability

I hereby release and agree to hold harmless the All Terrain Vehicle Cross-Country Series, LLC (ATVCCS), the promoters, the owners, and lessees of the premises, the participants and the sponsors, officers, directors, officials, representatives, agents and employees of all of them, land owners in which events are held, from all liabilities, losses damage or injury (including death) to my person or property in any way resulting from or arising in connection with any event promoted by ATVCCS and whether arising while engaged in competition or in practice or preparation there for, or while upon entering or departing from said premises, from any cause whatsoever I know the risk and danger to myself and property while upon said events, so voluntarily and in reliance upon my own judgment and ability and I thereby assume all liability from myself, assigns, heirs, and next of kin for any and all loss of damage (including death) to myself and or property from any cause whatsoever.

HAVE YOU COMPLETELY READ THIS APPLICATION _____ I hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.

RIDERS SIGNATURE _____ DATE _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

Competition Fee \$20.00 for the first class and \$10.00 for each additional class
Electronic Scoring Tag Fee \$30.00.

Competition # _____ (Office use only)