



POWROLL/REDWOOD ENGINEERING N.W. REGION VINTAGE OBSERVED TRIALS SERIES

AHRMA # _____ AMA # _____ EVENT NAME: _____
 NAME: _____ ADDRESS: _____
 CITY/STATE/ZIP CODE: _____
 PHONE: _____ PHONE (W): _____ AGE: _____
 PERSONAL MEDICAL INSURANCE CO. & POLICY: _____
 SPONSORS: _____

ENTRY FEES must accompany entry form or entry will not be accepted.

READ THIS RELEASE

RELEASE: I hereby release and agree to hold harmless AHRMA, the AMA, the promoters, the owners and lessees of the premises, the participants, sponsors, and the officers, directors, officials, representatives, agents and employees of all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, 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 premises or while participating or assisting in the event, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from whatsoever.

I have no known PHYSICAL PROBLEMS that will endanger myself or others while participating in this event.

My helmet meets all standards as specified in the current AHRMA Handbook

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the AHRMA Handbook and any special regulations during the event.

CLASS	YEAR	MACHINE BRAND/CHASIS	CC	SKILL LEVEL	ENTRY FEE DAY	ENTRY FEE DAY
					1	2
Premier Heavyweight						
Premier Lightweight						
Rigid Heavyweight						
Rigid Lightweight						
Girder Fork						
Classic						
Modern Classic						
Beginner				X		
TOTAL FEES						

(RIDER SIGNATURE)

EVENT Information: www.ahrma.org

AHRMA Membership information:

ccowell@ahrma.org or 910.253.9738

Refer to the current AHRMA Handbook (available on-line) for questions regarding classes and eligibility. See Section 17 for Rules & Eligibility committee personnel and other Officials.

Please Check:

	NO	YES		NO	YES
Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Dentures	<input type="checkbox"/>	<input type="checkbox"/>
Asthmatic	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	<input type="checkbox"/>
Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Hemophiliac	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____		