

Event Date	e:		
LVCIIL Date	~ ·	 	

Location: Megatraxs, Mendota, IL

Staff Initials: ____

4IVIA # _		Exp	ores:	\	iame:				
Address:				_ City: _		Sta	ate: Zi	p:	
\ge:	D.O.B.:		Phone	#:		E-mail:			
Race Only "A" \$5			0 all other classes \$45		Second class \$30		Training S	575	
Clas	<u>s</u>	<u>#</u>	Brand	<u>Size</u>		<u>Class</u>	<u>#</u>	Branc	d Size
50cc						40+ B/C			
65cc						50+ B/C			
85/SM						A (payout)			
В						30+ A			
С						40+ A			
Wome	en					50+ A			
25+						60+			
30+ B/	/C					Training \$75.			
y subdivision rs, advertiser no give recomem, their dire JURY TO THE HETHER CAU deach of the eleasees or ot daily busines ent, fully und	thereof, track operates, owners and lessees mendations, direction ectors, officers, agents PERSON OR PROPERT SED BY THE NEGLIGEN em from any loss, liabilitherwise. THE UNDERS whether caused by erstand its terms, under the control of the control o	ors, track ow of premises ns, or instructs, and emplor Y OR PROPE NCE OF THE F lity, damage SIGNED herel the NEGLIGE derstand that	rners, officials, vehi- used to conduct the stions or engage in a yees, all for the pur RTY OR RESULTING ELEASEES OR THER or cost they may in by assumes full resp NCE OF RELEASEES I HAVE GIVEN UP S my signature to be sticipant is under a	cle owners, de EVENT (S) of risk evaluation pose herein run DEATH OF EWISE. THE UN occur arising out on otherwise SUBSTANTIAL complete and age 18, his F	rivers, pit or daily bu n or loss of eferred to THE UND NDERSIGN at of or re any risk of any risk of a	ters, participants, racing a crews, rescue personnel, siness on premises and in ontrol activities regarding as "Releasees", from all lERSIGNED ARISING OUT (IED HEREBY AGREES TO IN lated to the EVENT (S) or of bodily injury, death or pad this Release and Waviey signing it and have signed tional release of all liability. Legal Guardian must per MEDICAL INSURANCE PROTECTION of STANGEROUS.	any persons in any ispectors, surveyors the premises or EV LIABILITYCLAIM OR OF OR RELATED TO NDEMNIFY AND SAV daily business whet property damage arer of Liability, Assured it freely and voluty to the greatest exign this form.)	RESTRICTED AR s, underwriters, VENT(S) or daily DEMANDS THE THE EVENT(S) C VE AND HOLD H. cher caused by t ising out of or r mption of Risk a untarily with out	REA, promoters, spoi consultants and oth business and each of REFOR ON ACCOUN OR DAILY BUSINESS, ARMLESS the Release the negligence of the elated to the EVENT and Indemnity Agree
S, I HAVE R	EAD THIS RELEASE.	•						EOD OFFIC	E USE ONLY
HIS IS A RI	ELEASE								ee:
Signature of Participant							AM	-	hip:
HIS IS A RI	ELEASE					Minor Form:			таl:
	Signa	iture of P	arent			Annual Release:			itials: