

# Moto Series Open Practice Registration Form

Today's Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Moto Series Member ?  No  Yes, # \_\_\_\_\_

Name (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Moto Series is a private club. All information is private and will not be disclosed without prior consent. Medical and identity information will only be used in cases of a medical emergencies to facilitate care or legal representation.

Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_

Soc. Sec. Or Drivers License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

Friday Evening \$60  Cash  Check # \_\_\_\_\_  Other \_\_\_\_\_

Saturday Morning Non Race \$60  MC  Visa  Discover  Amer. Express

Saturday Afternoon Non Race \$60 Card # \_\_\_\_\_

Saturday Morning w/Race Entry \$30 Expiration Date (Month/Year): \_\_\_\_\_

Saturday Afternoon w/Race Entry \$30 Three Digit Security Code: \_\_\_\_\_

Competition # \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Returned Check Fee of \$35

All events run Rain or Shine  
No Refunds

Mail to: Moto Series  
4317 Torrington Ave. Parma, Ohio 44134

In Consideration of being permitted to enter for any purpose Any RESTRICTED AREA (herein defined as Including but not limited to the racing surface, pit areas, infield, hot pit, all walkways, concession, and other area appurtenant to any area where any activity related to the event shall take place, THE UNDERSIGNED for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he has or will immediately upon entering such restricted areas, and will continuously thereafter inspect such restricted areas and all portions thereof with which he enters and comes in contact and does further warrant that his entry upon such restricted areas, and his participation, if any, in the event constitute an acknowledgement that he has inspected such restricted area and that he find and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted areas); THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGE HIS, HIS REPRESENTATIVE, HEIRS or NEXT OF KIN THE RIGHT TO SUE the promoter, participants, agents, sponsors, advertisers, owners, officials, corner marshals, any and all others associated with these events and activities for all purposes herein referred to as the "Releasees" for any loss or injury or death incurred by attendance and participation in these events or activities whether caused by negligence of the Releasees or otherwise while the undersigned is in or upon the restricted area. I further agree to hold harmless the Releasees. THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE READ AND VOLUNTARILY SIGN THIS RELEASE and waiver and indemnity agreement and further agree that no oral representation, statements, or inducements apart from this agreement have been made. THE UNDERSIGNED ACKNOWLEDGES AND UNDERSTANDS THAT THE ACTIVITIES OF THE EVENT ARE DANGEROUS AND ASSUMES FULL RESPONSIBILITY FOR HIS/HER PARTICIPATION IN THIS EVENT COULD RESULT IN SERIOUS BODILY INJURY AND/OR DEATH AND/OR PERSONAL PROPERTY DAMAGE. THE UNDERSIGNED AUTHORIZES the use of photographs, motion pictures, and transmissions by electronic media of themselves, their name and their accomplishments, including all contingent sponsorships for which they have applied for publicity and promotional purposes without restrictions. THE UNDERSIGNED AUTHORIZES release of any medical and/or accident reports and/or other relevant information or reports/documents to MOTO SERIES for insurance reporting information. THE UNDERSIGNED AUTHORIZES the release of voluntarily submitted medical and health information to emergency medical personnel for the purpose treatment and/or transportation in the event that the UNDERSIGNED is incapacitated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_