

Moto Series Sprint/Mini Endurance Race Registration Form

Today's Date: _____ Date of Event: _____ Transponder Rental? No Yes

Name (First, Last): _____ City, State: _____

Emergency Contact (Name): _____ Emergency Contact (Phone): _____

Class: _____ Transponder# _____ Make, Model, Engine Size _____ Member # _____

1000 GT _____ Competition # _____
 Expert Novice

1000 Super Bike (Race 1) _____

1000 Super Bike (Race 2) _____

750 GT _____

600 Super Bike (Race 1) _____

600 Super Bike (Race 2) _____

Twin (650) Super Bike (Race 1) _____

Twin (650) Super Bike (Race 2) _____

Vintage 600 Super Bike (Race 1) _____

Vintage 600 Super Bike (Race 1) _____

Vintage Sport _____

Vintage Classic _____

Vintage Light _____

Vintage Ultra Light _____

Mini 20 Heavy _____

Mini 20 Light _____

Mini (40) Iron Butt _____

Entry Fees
 First \$80
 Second \$60
 Third \$40
 Fourth or more \$20

Quick Price Guide
 One Entry \$80
 Two \$140
 Three \$180
 Four \$200
 Five \$220
 Six \$240
 Mini 20 add \$10
 Mini 40 add \$20

Post-Registration Fee \$25
 Registrations received 7 days
 or less prior to the event date
 Returned Check Fee \$35
 No Refunds,
 Events Run Rain or Shine

Cash Check # _____ MC Visa Discover Amer. Express Other _____

Card # _____ Expiration Date (Month/Year): _____ Three Digit Security Code: _____

Name on Card: _____ Signature: _____

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

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: _____