



2012 Track Day Registration Form

Today's Date: _____ Date of Event: _____ Leather Suit Rental? No Yes-size if known: _____

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: _____

- Novice/Instructional Group
- Intermediate Group
- Advance Group
- Cash Check # _____ Other _____
- MC Visa Discover Amer. Express

- Nelson Evening/Race Practice _____ \$ 75
- Nelson Ledges Event _____ \$ 150
- Nelson Ledges Race School _____ \$ 195
- BeaveRun Event _____ \$ 165
- BeaveRun Race Practice _____ \$ 135
- BeaveRun Race School _____ \$ 215
- Putnam Park Event _____ \$ 180
- Putnam Park Race School _____ \$ 225
- Grattan Event _____ \$ 150
- Leather Rental: _____ \$ 35

Card # _____
 Expiration Date (Month/Year): _____
 3 or 4 Digit Security Code: _____
 Name on Card: _____
 Signature: _____

Total: _____

No Refunds, Events run rain or shine
 Returned Check Fee of \$35
 Prices based on Registrations received more than
 7 days prior to event date, subject to late fee of \$25

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: _____