

CC \_\_\_\_\_

Night Racing (please circle)

Bike # \_\_\_\_\_

Tuesday Wednesday Thursday

**Entry Form**

Please Print:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Make/Model of Vehicle \_\_\_\_\_ Year \_\_\_\_\_

Experience: Years Riding \_\_\_\_\_ Years Racing \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

**Release Liability**

The above listed participant hereby warrants that he/she is fully aware of the risks, hazards and potential for personal injury, including death, associated with participating in the above listed event and further warrants that he/she has sufficiently trained and/or practiced and is sufficiently good physical condition to participate in motor sports of this nature.

Furthermore, the participant hereby agrees to indemnify and hold harmless the **Raccoon Township Volunteer Fire Department, its Board of Directors, members and employees**, from any liability arising out of his/her participation in this event. This release shall be binding upon the participant herein, his/her heirs, executors and administration.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
Signature of Applicant

**UNDERAGE PARTICIPANT:**

I hereby certify that I am the parent or legal guardian of the participant who is under the age of 18 years and further agree to be bound by the terms of this liability release, which I have read and understood.

\_\_\_\_\_  
Signature of Parent or Legal Guardian