PLEASURE RIDERS MOTORCYCLE CLUB --- Cayuga, IN Motocross date_____

AMA #	LAST NAME	FIRST NAME	STREET ADDRESS	CITY, STATE
☐ District # 17 ☐ Other District #	D.O.B. / /	AGE	Home # ( ) --- Cell # ( ) ---	NAME of SPONSOR

Fill-in riding number, engine displacement, and brand name for each class you are riding

CLASS	RIDING #	DISP.	BRAND
CLASS	RIDING #	DISP.	BRAND
CLASS	RIDING #	DISP.	BRAND
CLASS	RIDING #	DISP.	BRAND

THIS IS A RELEASE AND INDEMNITY AGREEMENT – READ IT BEFORE SIGNING I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against the American Motorcycle Association/All Terrain Vehicle Association and their respective district organizations, the promoters, sponsors and all other persons, participants or organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death while participating in the event and while upon event premises. I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and relying upon my own judgment and ability assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as result of my negligence.

THIS IS A RELEASE- **Date ___/___/___**

PRINT NAME **SIGNATURE OF PARTICIPANT**

THIS IS A RELEASE- **Date ___/___/___**

PRINT NAME **SIGNATURE OF PARENT or LEGAL GUARDIAN OF MINOR**