

SOUTH OF THE OZARKS MOTOCROSS

Racer Registration Form

Racer Name _____ Event Date _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell E-mail _____ Rocky Mountain ATV/MC agreement

I give South of the Ozarks MX permission to share my email/contact information with Rocky Mountain ATV/MC. I understand that Rocky Mountain ATV/MC will be emailing me regarding my RaceGas credits due to participating in this event.

Date of Birth ____/____/____ Age _____ **Minor** (Under 18 must complete Parent/Legal Guardian Section)

Emergency Contact Name _____ Phone # (____) _____

AMA Member # _____ AMA Exp. Date _____

Parent / Legal Guardian Information:

Father's Name _____ Mother's Name _____

Legal Guardian Name _____ Phone (____) _____ Cell

Youth Amateur Classes

- 50cc PW/Shaft drive
- 50cc Beginner
- 50cc Jr (4-6)
- 50cc Sr (7-9)
- 50cc Open
- 65cc Beginner
- 65cc Jr (6-8)
- 65cc Sr (9-11)
- 65cc Open
- 85cc Beginner
- 85cc Jr (7-11)
- 85cc Sr 12-16)
- Mini Open
- SuperMini (12-16)
- Schoolboy (12-16)
- Girls (59cc – 112cc)

Racing fees:

Classes _____ x \$30 = _____

Adult Amateur Classes

- 125cc 2 Stroke (122-125cc)
- Big Bike Beginner
- Big Bike Open Outlaw (Non "A" Rider)
- 250 B
- 250 C
- Open B
- Open C
- 25+
- 30+
- 40+
- Vet Senior (+55)
- Women
- Pit Bike Stock/Mod. <110cc
- Pit Bike Open/Mod. <190cc

Racing fees:

Classes _____ x \$30 = _____

Pro-Amateur A Classes

- 250 A
- Open A
- 25+ A
- 30+ A
- 40+ A

Quad Classes

- Quad A
- Quad B/C
- Quad (300cc -)
- Mini Quad

Racing fees:

Classes _____ x \$35 = _____

Bike Brand _____ Engine Size _____ Number on Bike _____ Class entered _____

Bike Brand _____ Engine Size _____ Number on Bike _____ Class entered _____

Racer/Competition Release and Indemnity Agreement

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against South of the Ozarks Motocross, Inc., American Motorcycle Association, and their respected district organizations, the promoters, sponsors, and all other persons, participants or organizations conducting or connected with any event or practice for injury to property or person I may suffer, including crippling injury or death while participating in any event or practice and while upon the premises.

I know the risk of danger to myself and my property, while preparing for and participating in the event or practice and while upon the premises, and relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with any event or practice for damages incurred as a result of my negligence. I have discussed the event or practice that I wish to participate in with my parents or legal guardians and they have explained to me the possibility of my being injured. I understand what they have explained to me, and I know that I could be injured, possibly severe or even worse.

I am willing to assume the responsibility of this in order to be a participant in the event or practice that I wish to participate in. I also agree that, at any point, if I feel endangered either by my own actions or those of others, that I am free to withdraw from the event or practice, and will do so of my own free will. I know that I am not giving up any of my rights and that it is OK for me to participate.

I HAVE FULLY READ OR HAVE BEEN READ THE ABOVE ASSUMPTION OF RISK. I FULLY UNDERSTAND WHAT IT MEANS, AND HAVE SIGNED IT VOLUNTARILY.

Signature of Competitor _____ Date _____

Signature of Parent/Guardian _____ Date _____