OKLAHOMA STATE CHAMPIONSHIP SERIES
2026 Single Event Membership
FEE: $10.00

Date:_____

Riders Name:_____
First Last MI

Mailing Address:_____

City:_____State:_____Zip:_____

Date of Birth:_____Age:_____Phone:_____

Email Address:_____# Of Years Racing:_____

HAVE YOU PREVIOUSLY RACED THE OSCS:_____

PURCHASE OF THIS EVENT MEMBERSHIP ENTITLES THE RIDER TO PARTICIPATE IN THIS EVENT ONLY. PARTICIPANTS IS ONLY ENTITLED TO OVERALL FINISH AWARDS EARNED AT THIS EVENT AND THIS EVENT ONLY. NO POINTS WILL AWARDED, NOR CARRIED FORWARD FOR THE PURPOSE OF EARNING END OF YEAR PRIZES, CONTINGENCIES OR OVERALL FINISHING POSITIONS.

I FURTHER UNDERSTAND THAT THE OKLAHOMA STATE CHAMPIONSHIP SERIES (OSCS)., THE LAND OWNERS, LESSEES, PROMOTERS, AND TRACK OFFICIALS OF THE OKLAHOMA STATE CHAMPIONSHIP SERIES ARE IN NO WAY RESPONSIBLE FOR INJURY TO PERSONS OR DAMAGE AND/OR LOST OF PROPERTY. I KNOW THAT MOTORCYCLE RACING IS DANGEROUS! I HEREBY GIVE UP ALL MY RIGHTS TO SUE OR MAKE CLAIM FOR DAMAGES DUE TO NEGLIGENCE OR ANY OTHER REASON WHATSOEVER AGAINST THE LANDOWNER, PROMOTERS, AND TRACK OFFICIALS OF THE OKLAHOMA STATE CHAMPIONSHIP SERIES, EMPLOYEES THEREOF, AND ALL OTHER PERSONS, PARTICIPANTS, OR ORGANIZATIONS CONDUCTING OR CONNECTED WITH THE OSCS TO INJURY TO PROPERTY OR PERSON I MAY SUFFER, INCLUDING CRIPPLING INJURY OR EVEN DEATH, WHILE PREPARING FOR AND/OR PARTICIPATING IN OSCS EVENTS AND WHILE ON THE EVENT PREMISES, AND RELYING UPON MY OWN JUDGEMENT AND ABILITY, I ASSUME ALL SUCH RISKS OF LOSS AND HEREBY AGREE TO REIMBURSE ALL COSTS TO THOSE PERSONS OR ORGANIZATIONS CONNECTED WITH THE OSCS FOR DAMAGES INCURRED AS A RESULT OF MY NEGLIGENCE.

I KNOW THAT THE OKLAHOMA STATE CHAMPIONSHIP SERIES DOES NOT PROVIDE RIDER MEDICAL INSURANCE. MY PARENT/GUARDIAN OR I AM RESPONSIBLE FOR MY OWN HEALTH/ ACCIDENT INSURANCE.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, FULLY UNDERSTAND AND AGREE WITH THE PROVISIONS OF THIS APPLICATION.

RIDERS SIGNATURE_____DATE_____

PARENT/GUARDIAN_____DATE_____

IF THE RIDER IS UNDER 18