

Date:		MAM	P HAM	
Name:				
Address:				
City:	State:	Zip Code:	Phone:	
applicants own risk. contractors, produce or financial condition sanctioned event who the administration of by his or her signatura agents from any liab consents to same. A events. Applicant agents. Series Members!	By signing this application Applicant hereby releases a ers, and agents from liability, on as a result of or in any way bether caused by negligence, or failure to enforce any SGSF are on this form, he or she con bility. Applicant voluntarily of applicant further acknowledge grees to follow and be bound thip Fees \$50.00 (per per	nd discharges SGSR and it loss, claims, damages and relating to applicants part by arena for facility condit R rules, regulations or guid appletely releases SGSR and chooses to participate in SG es that he or she has no absorbed by the rules, regulations, a	expenses for injuries to personal cipation in or failure to part ions, by the conduct of the Stelines, or otherwise. Application of the Stelines, or otherwise of the Stelines, or otherwise, repressional control of the Stelines, and colute property or other right and guidelines of the SSR as	ntatives, employees, stoc son, property, reputation, icipate in any SGSR GGSR sanctioned events of ant knows and agrees that sentatives, employees or freely and willingly to participate in SGSR
	ture:			
If Applicant is u	nder 18 years of age, pa	rent signature is requi	red.	
Parent Signature	:			
SGSR Witness:				
	nt: Cash:Funds will result in \$50.			