

MOTOCROSS RACES CONTRACT

Participant's Name (Driver) _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Mechanic's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

WAIVER OF LIABILITY

In consideration of accepting this entry, the registrant, intending to be legally bound for themselves and their heirs, executors and administrators, waive and release any and all rights for any injuries and damages they may have against the Houghton County Fair Association, all officials of the Houghton County Fair Association and the successors and assigns for any and all injuries or damages suffered in connection with the Motocross Races. The registrant understands that the Motocross Races could be hazardous. **Only one support person per rider allowed in the pit area.**

Driver's Name (signature) : _____

Print Name: _____ Date: _____

Parent's Signature below if: *(Participants 18 and under)*

_____ Date: _____

Support Person _____ Date: _____

Vehicle Make _____ Model _____ Bike # _____

Sponsor _____

Class _____ Fee \$ _____

Class _____ Fee \$ _____

Class _____ Fee \$ _____

Class _____ Fee \$ _____