

NOVEMBER 2ND 2012 LVMS TRACK DAY SIGNUP FORM

PLEASE READ CAREFULLY BEFORE SIGNING

I _____ (PRINT NAME LEGIBLY), understand that my involvement in this trackday event may involve increase risk to my motorcycle and myself. I do acknowledge that motorcycle riding on a closed course is not risk free and could result in injury, disfigurement or even death. I hereby accept these risks, which I may incur or which I may cause to another as a condition of my participation in this event. I, the undersigned, agree to waive any and all claims, to indemnify and hold harmless the organizers of this track event, including but not limited to Racers Edge Motorcycle Performance, LLC, Las Vegas Motor Speedway and their agents, parents, subsidiaries, affiliates, directors, officers, employees, insurers, the city of Las Vegas, the county of Clark, the state of Nevada, or any other person, group or agency directly or indirectly involved for any and all injuries to myself, any property damage, arising in connection with, or related to, my participation in the trackday event. I, will agree to pay or authorize to be paid, on my behalf by my estate, and at all costs incurred by the track event organizers, or its agents, as a result of any claims, loses, actions, demands, judgments (including, but not limited to, attorney fees), of any type, arising in connection with or related to my participation in this trackday event.

THIS IS A RELEASE FORM. IF SIGNED, YOU AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE. YOU ACCEPT ALL RESPONSIBILITIES AND RAMIFICATIONS OF YOUR ACTIONS AND THE ACTIONS OF THE PARTICIPANTS DURING AND AFTER COMPLETION OF THIS EVENT. YOU CERTIFY THAT YOU ARE LEGALLY ABLE TO REPRESENT YOURSELF AND ARE AT LEAST 18 YEARS OF AGE. IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE WRITTEN APPROVAL FROM YOUR PARENT OR GUARDIAN. YOU CERTIFY THAT YOU HAVE READ AND UNDERSTAND THE RULES AND QUALIFICATIONS FOR THIS EVENT.

X _____
SIGNATURE (MUST BE SIGNED BY RIDER) **AGE** **DATE**

CASHIERS CHECKS ONLY **MAKE PAYABLE TO: RACER EDGE PERFORMANCE**
NO PERSONAL CHECKS **3400 PROCYON STREET SUITE 104**
CREDIT CARD (VI,MC,DS OR AE) **LAS VEGAS, NV. 89102 (702)257-3808 FAX(702)257-3810**

CREDIT CARD TYPE _____ CARD # _____ CVC# _____ EXP. _____

NAME ON CARD _____ SIGNATURE _____

BILLING ADDRESS OF CARD (#,CITY,ST.,ZIP) _____

****PLEASE CHECK WHAT GROUP YOU'RE IN****

AMOUNT: \$185 GROUPS **A EXPERT** _____ **B NOVICE** _____ **C NOV./ TRACKDAY** _____

PRINT LEGAL NAME (RIDER) **RIDER/ COMPETITION #**

STREET ADDRESS **CITY** **STATE** **ZIP**

HOME PHONE **CEL PHONE**

EMERGENCY CONTACT **EMERGENCY PHONE #** **EMAIL ADDRESS**

X _____
SIGNATURE (MUST BE SIGNED BY RIDER) **DATE**

X _____
PARENT / LEAGAL GUARDIAN (IF UNDER 18 YEARS OLD)