OCTOBER 5TH CVR 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 APROVAL 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
NO PERSONAL CHECKS
CREDIT CARD (VI,MC,DS OR AE)

MAKE PAYABLE TO: RACER EDGE PERFORMANCE
3400 PROCYON STREET SUITE 104
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******

(RACERS & ADVANCE RIDERS) **(SMALER CC BIKES , INTERMIDIATE RIDERS)**

AMOUNT: $249 **GROUP A_____** **GROUP B_____**

_____ _____

PRINT LEGAL NAME (RIDER) **BIKE CC / RIDER STATUS**

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)