



NIGHT

TEAM NAME _____

NIGHT



Primary Entrant Rider #1 / Rider of Record: _____
 Address _____
 City _____ State _____ Zip _____
 DOB _____ Phone _____ Email _____
 Bike _____ CC _____ Club _____
 Sponsors _____

BIKE / TEAM # _____

AMA # _____
EXP DATE: _____

AMA # _____
EXP DATE: _____

AMA # _____
EXP DATE: _____

Rider #3 / Rider of Record: _____
 Address _____
 City _____ State _____ Zip _____
 DOB _____ Phone _____ Email _____

MRAN CARD # _____

MRAN CARD # _____

MRAN CARD # _____

Rider #3 / Rider of Record: _____
 Address _____
 City _____ State _____ Zip _____
 DOB _____ Phone _____ Email _____

RACE FEE'S TO COLLECT:
 \$100.00 2 MAN TEAM
 \$120.00 3 MAN TEAM
 \$50.00 IRONMAN
 \$200.00 AA Team 1 OR 2 RIDERS

TOTAL FEE'S: _____

- Wild Bunch 6/8/19
- Bushwackers 7/20/18
- MRAN 6/22/19
- SSTB (Bikes Only) 8/4/19

Division: Bikes (check one):

- 1-99 AA Premier (1 or 2 riders)
- 100-149 Open Expert (Any full framed motorcycle with a 20" wheel size)
- 150-199 Open AMA
- 200-249 Vet Expert (All riders must be 30+ years old)
- 250-299 Vet AMA
- 300-349 4-stroke Expert (Any Full Framed 4-Stroke)
- 350-399 4-stroke AMA
- 400-449 Ironman Expert
- 450-499 Ironman AMA

Division: Quads (check one):

- 800-849 AA Premier Quad
- 500-549 Open Quad EX
- 550-599 Open Quad AM
- 700-749 Ironman Quad EX
- 750-799 Iron Quad AM

ENTRANT RELEASE AND ASSUMPTION OF RISK AGREEMENT

Entrant acknowledges the substantial risk of injury to person and property resulting from participating in motorcycle events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events.

Entrant hereby assumes all risk of injury or damage resulting from the participation in this motorcycle event and releases District 35, MRAN, Bureau of Land Management, Sponsoring Organization, Promoters, Officials, Fellow Participants, Land Owners and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to participant, participant's property, or participant's family. Entrant has Medical insurance which will pay for any medical expenses arising from injuries suffered in this event. Entrant will not seek payment or reimbursement for expenses incurred for medical services and treatment resulting from injuries suffered in this event from any persons or organizations listed above.

I HAVE READ THIS AGREEMENT AND I UNDERSTAND ITS TERMS

Signature of Entrant #1: _____ Date: _____

Signature of Entrant #2: _____ Date: _____

Signature of Entrant #3: _____ Date: _____

ENTRANT UNDER 18 YEARS OF AGE:

I, _____ being the parent or guardian of _____ do hereby authorize him/her to compete in this off-road racing event, I also agree to hold harmless District 35, MRAN, AMA, Sponsoring Organization, the Bureau of Land Management and any and all Sponsors of injuries, death or property damage caused as a result of participating in this event.

Signature of Parent/Guardian: _____ Date: _____

ENTRANT UNDER 18 YEARS OF AGE:

I, _____ being the parent or guardian of _____ do hereby authorize him/her to compete in this off-road racing event, I also agree to hold harmless District 35, MRAN, AMA, Sponsoring Organization, the Bureau of Land Management and any and all Sponsors of injuries, death or property damage caused as a result of participating in this event.

Signature of Parent/Guardian: _____ Date: _____

ENTRANT UNDER 18 YEARS OF AGE:

I, _____ being the parent or guardian of _____ do hereby authorize him/her to compete in this off-road racing event, I also agree to hold harmless District 35, MRAN, AMA, Sponsoring Organization, the Bureau of Land Management and any and all Sponsors of injuries, death or property damage caused as a result of participating in this event.

Signature of Parent/Guardian: _____ Date: _____