



# 2009 AHRMA BIKE WEEK DIRT TRACK Entry Form



AHRMA# \_\_\_\_\_ AMA# \_\_\_\_\_

COMPETITION # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIPCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE (W): \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERSONAL MEDICAL INSURANCE CO. & POLICY #: \_\_\_\_\_

SPONSORS: \_\_\_\_\_

PRE-ENTRY FEES: \$40 per event. Events are pre-entry only. PRE-ENTRY DEADLINE: FEB. 1, 2009 FOR BIKE WEEK EVENTS. **There is NO refund of entry fees or credits to future events after the closing date.** Fee must accompany entry form or entry will not be accepted.

CLASS	YEAR	Machine Brand/Chassis	CC	FEE
Dinosaur				
Classic 250				
Classic 500/700				
Sportsman 250				
Sportsman 600				
Sportsman 750				
Seventies Singles				
Seventies Singles 50+				
Seventies 2-Stroke				
Senior				
Super Senior				
Novice				
Support (if offered)				
AHRMA Membership if Due				
Benevolent Fund Donation				
<b>TOTAL FEES</b>				

**READ THIS RELEASE:** I hereby release and agree to hold harmless AHRMA, the AMA, the promoters, the owners and lessees of the premises, the participants, sponsors, and the officers, directors, officials, representatives, agents and employees of all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in the event, so voluntarily and in reliance, upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

**I have no known PHYSICAL PROBLEMS that will endanger myself or others while participating in this event.**

**My helmet meets all standards as specified in the 2009 AHRMA Handbook.**

**AGREEMENT:** By my signature below, I hereby agree to the terms of the above release and further agree to abide by the AHRMA Handbook and any special regulations during the event.

\_\_\_\_\_  
(RIDER SIGNATURE)

Refer to the 2009 AHRMA Handbook (Also available on-line) for questions regarding classes and eligibility. See Section 17 for Rules & Eligibility committee personnel and other Officials.

**Mail your Completed Entry Form and Payment To:**  
AHRMA, 309 Buffalo Run, Goodlettsville, TN 37072  
**FAX Completed form to:** 615.420.6438,  
**SCAN & email Completed form to:** [dwlamberth@ahrma.org](mailto:dwlamberth@ahrma.org)  
Your entry will be confirmed.

MasterCard/Visa \_\_\_\_\_

EXP Date \_\_\_\_\_ 3 digit V-Code on back of card \_\_\_\_\_