



AHRMA VMX, PVMX, CC & Trials Bike Week Entry Form [February 26-28, 2010]



AHRMA# _____	VMX# _____ E I N	Trial# _____ E I N	CC# _____ E I N
NAME: _____		ADDRESS _____	
CITY, STATE, ZIPCODE: _____			
PHONE: _____	PHONE (W): _____	EMAIL: _____	
PERSONAL MEDICAL INSURANCE CO. & POLICY #: _____			
SPONSORS: _____			

DEADLINE FOR ENTRY: February 5, 2010

CLASS	YEAR	Machine Brand/Chassis	CC	FEE	FEE
VMX (\$40 1 st Class each day, \$25 each additional class)				Sat 2/27	
1.					
2.					
3.					
4.					
PVMX (\$40 1 st Class each day, \$25 each additional class)					Sun 2/28
1.					
2.					
3.					
Cross Country (\$40 each class)				Fri 2/26	
1.					
2.					
3.					
TRIAL (\$40 each class)				Fri 2/26	
1.					
Individual Donation to AHRMA					
Membership if due					
Benevolent Fund Donation					
TOTAL FEES DUE					

READ THIS RELEASE: I hereby release and agree to hold harmless AHRMA, 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 2010 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 2010 AHRMA Handbook (Also available on-line) for questions regarding classes and eligibility. See Section 17 for Rules & Eligibility committee personnel and other Officials.

MC/VISA # _____ EXP date: _____

Signature _____ V code _____

ENTRY DEADLINE: February 5, 2010.
THIS IS A NO REFUND NO CREDIT AFTER THE ENTRY DEADLINE EVENT!

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@comcast.net
Your entry will be confirmed.

