



Empire State Motocross
C/O Secretary
5 Kemp Dr.,
Macedon, NY 14502
716-574-8169

OFFICE USE ONLY	Check one:
Proof of Age _____	Out of District: _____
District ID# _____	Day #: _____
Bike # _____	New Member: _____

Date: _____

Name _____ License fee - \$30

Phone No. (____) _____ Cell Phone # (____) _____

Email _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Age as of January 1, 2018 _____ No. of Years Racing _____

Check your selection: Would you prefer a

- Trophy for Series Award _____ or
- District Dollars for Series awards (no trophy) _____ (can be used at any Empire State Motocross Sanctioned event)

Rank (circle one) 50cc 65cc 85CC

 Beginner Novice Amateur Expert

Make & Year of Motorcycle _____ Engine Size _____ Cycle Serial # (optional) _____

Last year's bike # _____ Do you wish to keep this number for 2018? Yes or No **Please circle one**

Your last year's bike number will be held until March 15, 2018.

Pick 4 numbers in case your first choice of bike number is taken:

Your Sponsors for 2018 _____

RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT MOTOCROSS RACING

All Sanctioned Empire State Motocross events

IN CONSIDERATION of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as including but not limited to the racing surface, pit areas, infield, burn out area, approach area, shut down area, and all walkways, concessions and other areas appurtenant to any area where any activity related to the event shall take place), or being permitted to compete, officiate, observe, work for, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoter, participants, racing association, sanctioning organization or any subdivision thereof, track operator, track owner, officials, motorcycle owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releases" from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or, competing, officiating in, observing, working for, or for any purpose participating in the event;
2. HEREBY AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.

This form is continued on the back, and must be completely filled out and signed. Please see the other side of this form for release and waiver information before signing.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose participating in the event.

4. I grant to Empire State Motocross, its representatives and employees, the right to take photographs, and/or video of me and my property in connection with the above-identified subject. I also authorize Empire State Motocross, its assigns and transferees, to copyright, use and publish the same in print and/or digital copies.
I agree that Empire State Motocross may use such photographs, and/or video of me with or without my name for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province of State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

PRINT NAME HERE

SIGN NAME HERE

DATE

*** Every Rider must provide proof of age - Birth Certificate, School Records, Drivers License ***

*** This must be filled out and officially notarized for anyone under the age of 18 years. ***

I, _____ as parent or legal guardian further agree to hold harmless the promoter, participants, racing association, sanctioning organization or any subdivision thereof from any and all law suits commenced, by my infant in his/her own behalf or as his/her guardian. I also realize the possibility of serious injury or death to my infant due to the activity.

Parents or Legal Guardians Signatures: _____

Participant's Signature: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

My commission expires: _____ Notary Public Seal:

Visa, Mastercard, American Express, and Discover are all accepted payments

If you wish to pay by credit card and are mailing your form please fill in the following information:

Card #: _____

Name as it appears on card: _____

Expiration Date: _____

CVV (3 digit code on the back): _____

Zip code associated with card: _____

Signature: _____

Receipt requested: email: _____

or Text: _____