$\qquad$ $+$ $\qquad$ Wrist Bands \$ $\qquad$ $=$

- Cash: \$ $\qquad$ ■ Check \# $\qquad$


## 2024 AMA SX Gypsie Moto - Jackpine Gypsies M/C

YOU HAVE VOLUNTARILY ENTERED an amateur competition event and/or you are requesting use of the facilities for riding. The Jackpine Gypsies M/C do not indicate that your safety is guaranteed in any way.
MOTOR SPORTS ARE INHERENTLY DANGEROUS. You should take part in this competition or track usage based on your own assessment of your abilities. If you have not personally inspected the course, we urge you to do so. You have been provided an opportunity to practice under non-competitive conditions. If you have not practiced, we urge you to contact the referee at this time. You are responsible for the quality and condition of your motorcycle and protective apparel.
BY SIGNING THIS AGREEMENT, you are representing and verifying that your equipment, including protective clothing and gear, meet or exceed all required safety features that are recommended or required by the AMA and that all safety features and apparatuses are in working order.
HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS JPG-M/C, promoters, agents, and employees 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.
THE PROMOTOR DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE. We urge you not to compete in motorsports without adequate personal medical insurance coverage. BY SIGNING THIS FORM, YOU ASSUME FULL RESPONSIBILITY AND RISK OF BODILY INJURY, DEATH AND/OR PROPERTY DAMAGE. You also agree not to sue, or hold responsible for the quality and condition of your motorcycle and protective apparel. This release shall remain binding upon all successors' interest and personal representatives of signer below, to the extent permitted by law.
I HAVE READ AND UNDERSTAND THE ABOVE FORM AND VOLUNTARILY AGREE TO ITS CONTENTS AND VOLUNTARILY SIGN FORM.
$\qquad$ Age: $\qquad$ Phone: ( ) $\qquad$
Address: $\qquad$ City: $\qquad$ State: $\qquad$ Zip:

Signed: $\qquad$ Date: $\qquad$
Bike \#: $\qquad$ AMA \#: $\qquad$

PRINTED NAME OF PARENT OF LEGAL GUARDIAN

## NAME AND AGE OF MINOR PARTICIPANT



