

Release Form

Event Date: _____ Event Location: _____

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Insurance: _____ Policy #: _____

Emergency Contact: _____ Phone #: _____

Track Contact: _____ Phone #: _____

_____ Initial here if you authorize the release of medical and/or treatment information to the Track Contact listed above, in the event medical assistance is required.

THIS IS A RELEASE & INDEMNITY AGREEMENT- READ BEFORE SIGNING!

I hereby relinquish all my rights, and the rights of my personal representatives, heirs, and/or next of kin to sue or make claim whatsoever against Francis Guadagnino and/or Joseph Melchionda ("The Organizers"), the promoters, sponsors, instructors, employees, volunteers, and all other agents, persons, participants, or organizations conducting or connected with this or any other event produced by The Organizers for any injury to person or property I may suffer, including, crippling injury or death, whether such injury arises while attending or participating in any event or activity produced by The Organizers at any prescribed premise. In addition, relying upon my own judgment and ability, I assume all such risks of loss and hereby agree to reimburse all such costs to those persons or organizations connected with this event for damages incurred as a result of my negligence. Motorcycle racetrack events (including, but not limited to, racing, track days, test and tune days, etc) are dangerous. Every registrant/entrant assumes, by his/her written acknowledgement and/or participation, responsibility and obligation to assess the safety aspects of facilities and individual conditions and assumes all risks, including injury or death.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Signature: _____ Date: _____

TECHNICAL INSPECTION FORM

** Please fill out one form per motorcycle **

Event Date: _____ Event Location: _____

Participant Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

Year:	Make:	Model:	CCs:
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I hereby certify that my machine is properly prepared for track use

Rider's Signature _____ Date _____

Tech Inspectors: Mark below if item is NOT complete. Must sign off when in compliance

	General	Safety Wire	Comments
	HELMET	Front Axle & Pinch Bolts	
	Throttle Return	Front Brake Caliper Bolts	
	Front Brakes	Front Brake Pad Retainers	
	Steering Head Bearings	Rear Axle & Adjusters	
	Kill Switch	Rear Brake Torque Arm	
	Clutch Operation	Rear Brake Caliper Bolts	
	Controls Secured	Rear Brake Pad Retainer	
	Front Brake Pads	Exhaust System	
	Rear Brake	Coolant Cap	
	Rear Brake Pads	Oil Filter	
	Belly Pan	All Fluid Caps and Bolts	
	Coolant (no glycol-based)		

Approved by Technical Inspector: _____