

# WHIPLASH MOTORSPORTS TRUCK, BUGGY, UTV

Racers Age:	_____
Racers Int:	_____
Staff Int:	_____

Co Driver: \_\_\_\_\_

Transponder Sticker

Event: \_\_\_\_\_ Vehicle # \_\_\_\_\_ Starting Order: \_\_\_\_\_

Class \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_

Please check if new address *If you are a **licensed** racer you do not need to fill out **unless there are changes.***  Please check if new sponsors

**NO Checks at the Track -- Entries Received at the Track will Receive a \$50.00 Late Fee**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Home Phn \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emerg. Phone # \_\_\_\_\_

In Emerg., Notify \_\_\_\_\_ Relationship \_\_\_\_\_

**OFFICIAL USE ONLY**

Lic \_\_\_\_ = \_\_\_\_\_

Late \_\_\_\_\_

Entry \_\_\_\_\_

TP \_\_\_\_\_

Pre-Run \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

Sponsors \_\_\_\_\_

Parents Name (if minor) (print) \_\_\_\_\_

Veh Make \_\_\_\_\_ Eng Sz \_\_\_\_\_ Year of Veh \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Rcd \_\_\_\_\_

Entry Fee \_\_\_\_\_

Lic. Fee \_\_\_\_\_

TP Fee \_\_\_\_\_

Misc / R-O \_\_\_\_\_

Late Fee \_\_\_\_\_

Pre Run \_\_\_\_\_

**Total** \_\_\_\_\_

Deposit \_\_\_\_\_

Check # \_\_\_\_\_

Bal. Due \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

I understand racing is a **DANGEROUS SPORT**, and I may be **INJURED, CRIPPLED** or **KILLED**.  
 I the undersigned hereby release, discharge and covenant (promise) **NOT TO SUE THE PROMOTERS, PARTICIPANTS, RACING ASSOCIATIONS, SANCTIONING ASSOCIATIONS** or **ANY OWNERS** and **LESSEES** of **PREMISES** used to conduct the event(s). I agree to indemnify and save and **HOLD HARMLESS** the releases and each of them from any litigation expense, attorney fees, loss liability, damage, or cost they may incur due to the claim made. attorney fees, against any of the releases, whether the claim is based on **NEGLIGENCE** of the releases **OR OTHERWISE**. I further agree any dispute concerning this agreement shall be submitted to **BINDING ARBITRATION** in **ARIZONA**. I the undersigned have read and **VOLUNTARILY SIGNED** this release and waiver of liability and indemnity agreement. I further understand **NO MEDICAL INSURANCE** is available at this event, and **I AM SOLELY RESPONSIBLE** for any **MEDICAL ASSISTANCE, TREATMENT, and or TRANSPORTATION** to any medical facility as a result of **ANY INJURY** sustained **WHILE PARTICIPATING IN ANY WAY AT THIS EVENT.**

Participant \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_