

Rider Information:



2011

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL: _____

BIRTHDAY: _____ **AGE** _____

BIKE NUMBER _____ **BIKE BRAND/SIZE** _____

SPONSOR _____

AS HOLDER OF THIS CARD I AM AWARE THAT THE SPORT OF MOTOCROSS INVOLVES RISKS OF INJURY OR DEATH. I UNDERSTAND THAT I MAY ENCOUNTER OBSTACLES THAT ARE INHERENT TO THE SPORT. MAN MADE OR NATURAL. I UNDERSTAND THAT THE GRANT COUNTY FAIR, INC. AND ITS OFFICERS, THE GRANT COUNTY FAIR BOARD AND ITS MEMBERS, VOLUNTEERS, EMPLOYEES, AGENTS, AND STAFF, SHALL HAVE NO DUTY TO WARN ME OF OR TO REMEDY ANY NATURAL OR MAN MADE RISKS, DANGERS, OR HAZARDS. I AGREE AS AN OPERATOR OF A MOTORIZED OFF ROAD VEHICLE I HAVE THE RESPONSIBILITY TO MYSELF AND OTHERS TO RIDE SAFELY AND IN CONTROL AT ALL TIMES. I UNDERSTAND THAT I AM VOLUNTARILY CHOOSING TO PARTICIPATE IN THE SPORT OF MOTOCROSS AT THE GRANT COUNTY / NORTHERN KENTUCKY FAIR GROUNDS FACILITY WITH KNOWLEDGE OF THE AFORESAID RISK OF INJURY OR DEATH ASSOCIATED WITH THE SPORT OF MOTOCROSS, SPECTATING, OR PARTICIPATING IN ANY WAY. AS LAWFUL CONSIDERATION FOR BEING PERMITTED BY GRANT COUNTY FAIR, INC. AND/OR GRANT COUNTY FAIR BOARD TO PARTICIPATE IN THE SPORT OF MOTOCROSS, I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE OR MAKE CLAIMS AGAINST, AND TO INDEMNIFY, DEFEND AND HOLD HARMLESS GRANT COUNTY FAIR, INC. AND ITS OFFICERS, THE GRANT COUNTY FAIR BOARD AND ITS MEMBERS, VOLUNTEERS, EMPLOYEES, AGENTS, AND STAFF FOR ANY AND ALL CLAIMS FOR DAMAGES, INJURIES, AND OTHER EXPENSES OF ANY TYPE, CAUSED BY OR RESULTING FROM MY PARTICIPATING IN THE SPORT OF MOTOCROSS OR ANY OTHER ACTIVITIES ON THE PREMISES, WHETHER SUCH COSTS, DAMAGE, INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.

SIGNATURE OF CARD HOLDER

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN
(IF UNDER 18)

DATE

If someone other than parent is bringing a participant under age 18, please fill out the following:

I, _____ parent of _____ give _____ permission to sign up my child for practice and/or race events held at the Grant County/Northern Kentucky Fair Grounds and to make medical treatment decisions if need be. I hereby agree to execute all releases and waivers provided to me for the participation of my child.

Parent's signature

Notary