

Florida Vintage Motocross 2010-2011 Membership Application

Emergency Information

Rider Full Name: _____

Rider date of birth: ____/____/____

Do you generally travel to races alone: Y N

Do you generally have persons over 18 traveling with you? Y N

Contact in case of emergency: _____

Relationship to rider: _____

Contacts phone #: ____ - ____ - ____

Alt Phone #: ____ - ____ - ____

Rider allergies: (medication, foods, etc): _____

Insurance Provider: _____

Foreign objects rider may have in body (braces, dentures, steel rods, etc) : _____

Blood Type: _____

FLVMX INFORMATION

BIKE BRANDS: _____

SHIRT SIZE: ____ RIDING PANT SIZE: ____ BOOT SIZE: ____ GLOVE SIZE: ____ HELMET SIZE: ____

FLVMX Sponsor: [] Interested in becoming a sponsor [] Currently a sponsor

Are you currently sponsored? If so, by who? _____

RELEASE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT

I will not hold Florida Vintage Motocross LLC, Woody's Vintage GP LLC, its sponsors or its officers or any member nor the race facility responsible for any injury, death, loss and/or theft or property damage which may occur in connection with, or as a result of any FLVMX LLC/Woody's Vintage GP LLC activity or event. I will be completely responsible for myself and any minor under the age of 18 whom I bring or allow to participate in a FLVMX/WVGP LLC event or other activity. I'm also responsible for all members of my pit area. This statement also pertains to travel to and from ANY FLVMX LLC/WVGP LLC functions.

Sign here to indicate that you have completely read this application:

_____ (Riders Signature)

_____ (Parent Signature)

Thank you for your participation! We look forward to a rewarding and action packed
Racing season for 2011!