

New Capeway Sports Committee - Event Entry Form - www.capewayrovers.com													
50	4 - 6	65	A	B	C	125	Youth	B	C	30+	A	B	C
50	7 - 9	85	A	B	C	125	A	B	C	40+	A	B	C
50	Open					250+	A	B	C	Women less than 125			
65	Open	105 / Supermini			Open	A	B	C	Women 125 +				

Make Check Payable to NCSC

SS#	Event Date:		
Date of Birth:	Age:		
Name:			
Address:			
City:	State:	Zip:	
Telephone: ()			
Insurance Company:			
Policy No:			

I understand that if I am under eighteen (18) years, that this form must be signed by my parent or legal guardian and Notarized. I further understand that in order to properly safeguard the spectators, contestants, and to avoid possible mishap the New Capeway Sports Committee Referee, through the authorized Referee reserves their right to exclude any competitor or mechanic who in their judgement is not fully qualified to complete in the scheduled events. This applies to rider's abilities and/or equipment conditions as well as violation of any New Capeway Sports Committee or promoting organization rules or regulations. I agree to conform to and comply with all the rules set forth by the NewCapeway Sports Committee ("NCSC") and promoting organizations. I hereby release the NCSC, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, an all other riders and mechanics, from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any events sanctioned by the NCSC, and I assume all responsibility for all expenses for physicians, ambulance, hospitals and other medical expenses and any other loss or injury to me and/or personal property which I may sustain by reason of my participation of the NCSC event.

IN CASE OF EMERGENCY

I Hereby Give Permission to the Attending Physician, Physician's Assistant, Nurses, Paramedical Personnel, and Emergency Medical Technicians to secure proper treatment and hospitalize until the person below can be reached.

Telephone: ()		
Name:	Relationship:	
Address:		
City:	State:	Zip:
Is this person at the event?	Yes	No

"Post Entries" Entries at the track will be taken on a Space available" basis at the events. Gate refunds will not be made to un-accepted riders choosing this option. NOTE: IT IS EACH RIDER'S RESPONSIBILITY TO ENTER THEIR PROPER CLASS. Entries are not refundable or transferable.

Riding Number

List 2 Primary Sponsors

Brand of Machine: _____

Frame Number: _____

NOTE CLASS AGE RESTRICTIONS ALL RIDERS UNDER 18 COMPLETE THIS FORM. NOTARIZED PERMIT FORM

I, _____
(Parent/Guardian Name)

give my permission for my ward _____
(Name of minor child)

to participate in this event.

I understand the event officials, the event promoters, the property owners and NCSC are not responsible for any minors.

I understand that I am responsible for any or all injuries to my ward and/or personal property, and all ambulance, doctor, and hospital bills and/or any other related bills that have incurred as a result of their participation in this event.

I hereby relieve the event officials, the event promoters, the property owners and NCSC of any and all responsibility due to any injuries my ward, and or personal property that may be incurred during this even

Signed: (In Ink) _____
(Parent/Guardian Name)

Address: _____

City: _____ State: _____ Zip: _____

NOTARY PUBLIC SEAL:

NOTARY PUBLIC SIGNATURE

State of: _____

County of: _____

On This: _____ Day of: _____ 20_____

before me personally appeared

To me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

HAVE YOU READ THIS ENTRY BLANK? _____

SIGNED (in INK, Red or Blue): _____