

ENTRY FORM

" Rock Island 200 "

NAME _____ BIRTH DATE _____ PHNOE # _____

*(please print)

MAILING ADDRESS _____

BIKE: make _____ model/sr. # _____ c.c. _____

FEES: All fees must be paid with this application. Circle the items you are paying for.

Class A entry, two day	\$ 30.00	Lodging:	\$ 15.00
Class B entry, Sat. only	\$ 17.50	Awards dinner;	\$ 5.00
Class B entry, Sun. only	\$ 17.50		

 RELEASE OF LIABILITY

Being fully aware of the type of terrain, conditions, obstacles, and hazards involved in motorcycle trials events, and the risk to life and limb that is always present insuch events, I hereby release the United States Government, State of Hawaii, County of Hawaii, Big Island Motorcycle Association, Rock Island Riders, all members or officers of any of these organizations, and any land owner on whose property such events may be held, from any and all liability, all claims arising out of, caused by, or resulting from the use of any premises utilized by said organizations for motorcycle events.

I also release the above organizations from all responsibility for any damage to my motorcycle or its accessories, whether by fire, accident, or any other causes, or the theft of my motorcycle or its accessories, during, before, or after the event.

I also release the above organizations of all responsibility for any and all violations of county, state, or federal laws I may knowingly or unknowingly violate.

I also assume full responsibility for any and all damages and injuries caused by myself, my rider or passenger, or any agent, representative or servant acting on my behalf during, before, and after the days of this event.

Signature: _____
 (applicant) _____ (Guardian or Parent)

ALL MINORS MUST HAVE THIS WAIVER NOTARIZED

State Of Hawaii
 County Of _____

On _____, before me, the undersigned, Notary Public in and for the said county and state, personall appeared _____. Known to me to be the person whose name is subscribed to the within instrument andacknowledge that _____ executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year in the certificate first written above.

Notary Public _____ Judicial Circuit

State of Hawaii, my commission expires _____