

Rock Island Riders

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EVENT: ROCK ISLAND 200 May 28th and 29th 1977

NAME OF RIDER: Dennis C. Vierra

MAILING ADDRESS: 2417 Kilauea Ave. Hilo, Hawaii PHONE NUMBER 959-9321

AGE: 29 In case of emergency notify Leilani Vierra at this phone number 959-9321

BIKE: make: Coopee sr. # _____ c.c. 250

RELEASE OF LIABILITY

Being fully aware of the type of terrain, conditions, obstacles, and hazards involved in motorcycle trial, and enduro events, and the risk to life and limb that are always present in such events, I hereby release the land owner, Rock Island Riders, Big Island Motorcycle Association, County of Hawaii, State of Hawaii, United States Government, and all officers of any of these organizations, 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 the event.

SIGNATURE OF RIDER: Dennis Vierra
(Guardian of Parent of minor)

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, personally appeared:

_____, known to me to be the person whose name is subscribed to the within instrument and acknowledge 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 _____, my commission expires _____

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All fees must be paid with this application.

Circle the items you are paying for, and show the number of guests you are paying for in advance. They will be put on the waiting list and have first chance for any vacancies after May first.

Entry for single rider:	\$ 25.00
Lodging per person for two nites -----	8.00
Meals per person for lunch & dinner the 28th, breakfast, & lunch the 29th -----	12.00
Awards dinner per person on Sun. nite the 29th -----	5.00

Fee {
8.00
12.00
5.00
25.00 if you have space available \$50.00

Mail Entries to:

Rock Island Riders
P.O. Box 631
Hilo, Hawaii 96720

ALL ENTRIES MUST BE IN BY MAY 18th

----- Only 65 entries will be accepted -----