

2008 ASMA Trackday Pre-Entry Form

We must Receive Pre-Entry Form 7 days before the Event

Please print clearly

EVENT DATE: _____ / _____ / _____
Month Day Year

Name _____ Years M/C experience _____

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone # _____

If You want to be added to the ASMA email list write your email address below

PLEASE PRINT CLEARLY

We must be able to identify each rider on the track. Please give us identifying information below

Motorcycle brand and model _____
Brand Model

Number or letter on front of bike _____

Brand of helmet _____

Please check the box beside the programs you wish to enter. **School course prices are in addition to the trackday price.**

- \$80.00 Full day trackday
 \$100.00 Race School, Afternoon Session (required for receiving an ASMA race license)
 \$155.00 Two day Trackdays

_____ TOTAL

THIS IS A RELEASE AND INDEMNITY AGREEMENT, PLEASE READ BEFORE SIGNING

I hereby give up all my rights to sue or make any claim for damage due to negligence or any other reason whatsoever against Arroyo Seco Motorplex, Arroyo Seco Motorcyclist Association, ASMA Racing, Double R & T LLC, the promoters, sponsors and all other persons, participants or organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon event premises. I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and, relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

THIS IS A RELEASE _____ **Date** _____ / _____ / _____
Signature of participant Month Day Year

Cash _____ Check _____ Visa _____ Master Card _____
Please Choose Method of Payment Please make checks payable to Arroyo Seco Motorplex

Credit Card # _____ Exp. Date _____
_____/_____/_____

EMERGENCY CONTACT: Name _____ Phone # _____