

Ronnie Densford Motocross Training

Phone: (818)720-1077

Website: www.rdmxtraining.com

Rider Information		
First Name:	Last Name:	
_____	_____	
Age:	Yrs Riding:	
_____	_____	
Address:		

City:	State:	Zip:
_____	_____	_____
Phone #:	Email:	
_____	_____	
Bike Information		
Make:	Model:	Year:
_____	_____	_____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

1. Acknowledges, agrees, and represents that he has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters and he further agrees and warrants that if at any time, he is in or about RESTRICTED AREAS and/or refuses to participate further in the EVENT(S)

2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the trainer, participants, racing associations, sanctioning organizations or any subdivision thereof, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the SCHOOL(S), premises and school inspectors, surveyors, underwriters, consultants and others who give recommendations, directions or instructions or engage in risk evaluation or loss control activities regarding the premises or SCHOOL(S) and each of them, their directors, officers, agents and employees, all for the purpose herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE SCHOOL(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ AND SIGN IT VOLUNTARILY.

Rider's Signature:

Date:

Parent or Legal Guardian's Signature (if under 18)

Date:

Entry Fee Cost: \$200.00

Mail form with check or money order payable to:

**Ronnie Densford
420 N. Ontario St
Burbank, Ca. 91505**