



# Gravity Gran Prix

Date \_\_\_\_\_

Name \_\_\_\_\_ Preferred Car Number\* \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

*\*Numbers will be granted on a first-come first-served basis*

### Drivers

Please list below the name of each participant under the class he/she will be racing in. Entry fee is \$15 per driver.

**PARTICIPANTS MUST BE REGISTERED BY MONDAY, AUGUST 8, 2011 in order to race**

### Waiver and Release of Liability

The undersigned does hereby release, waive, and forever discharge Salem City, its assigns, employees, agents or representatives from and against any and all liability for any harm, injury, damage, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, that may be sustained by Participant in conjunction with Participant's involvement in this activity.

Racing involves in inherent risks that may include death or injury. Participant has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems, which would preclude or restrict Participant's ability to take part in the Activity.

<u>Class</u>	<u>Driver Name</u>	<u>Signature</u>	<u>Age</u>	<u>Guardian's Signature</u>
Colt	_____	_____	_____	_____
Mustang	_____	_____	_____	_____
Stallion	_____	_____	_____	_____

Turn in completed forms with the entry fee to the Salem City Offices.

For Office Use Only
Date _____ Amount Received _____ Signature _____