

Number On
Bike

Must have same number
on front & side plates

Skip's at Carnegie PIT BIKE MOTOCROSS YOUTH ENTRY

Name: _____ WCHA # _____ Ex Date _____ Date of Birth _____
(Required) (Required)

Address: _____

City/State: _____ Zip: _____

PLEASE PRINT CLEARLY—Highlighted areas must be completed

<input type="checkbox"/> STOCK 50 YOUTH 11 & UNDER Bike Number/BRAND _____ \$35 Entry _____	<p align="center"><u>PIT BIKES</u></p> XR50, CRF50, TTR50, CHINESE BIKES UNDER 50CC Auto Clutch Acceptable Modification: Pipe/Handlebars/Fork Springs/Shocks/Seat MUST HAVE: Stock Engine and Carb NO MODIFCATIONS
<input type="checkbox"/> YOUTH MIDSIZE 110 YOUTH 11 & UNDER Bike Number/ BRAND _____ \$35 Entry _____	<p align="center"><u>PIT BIKES</u></p> ,CRF70, TTR90, KLX110,DRZ110, Any Chinese Bike w/auto clutch under 110cc Acceptable Modification: Pipe/Handlebars/Fork Springs/Shocks/Seat MUST HAVE: Stock Engine and Carb NO MODIFCATIONS
<input type="checkbox"/> 12 INCH 125 YOUTH 11 & UNDER Bike Number/BRAND _____ \$35 Entry _____	<p align="center"><u>PIT BIKES</u></p> XR50, CRF50, TTR50, XR70, CRF70, TTR90, KLX110, DRZ110, Any 4-Stroke 125 with 12 Inch Rear Wheel, 10 Inch Bike OK All Modifications OK – Auto or Manual Clutch OK

WAIVER OF LIABILITY

I acknowledge that there are risks and dangers involved in riding and participating in contest at SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. I hereby release, acquit, and forever discharge SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., their owner, lessor, officer, agents, employees, representatives, and all participants, who might be using SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. from any liability, claim, demands action or right of action whatsoever kind of nature in law or in equity, I may have or which may have or which may accrue in favor of me or my heirs executors, administrators, and representatives, or any of them in any way growing out of, resulting from or arising in connection with my presence on or in the use of SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., or properties or facilities provided for, operated or controlled by SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC.. I hereby assume all risks of any liabilities, for damages to my person, injury or death, or my property while within the confines of the SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., however caused: whether caused by negligence or otherwise, and I hereby give consent whatever medical care might be provided or available on the premises. I also agree to conform and comply with all the rules and regulations of the SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. and promoters.

If under 18 Years of Age-Parent or Guardian must sign

Signature Required _____ Parent's Signature _____ ***** **AMA MINOR RELEASE FORM ALSO REQUIRED**
Parent Must Be Present or have Notarized Release Form

Mail Entry with Cashier Check/Money Order

Card # _____ Expiration Date _____

Visa - M/C - AmEx - Discover
Please circle Card Company

Signature _____
Required for credit card charges