

OLD SCHOOL SCRAMBLES RACING GROUP "OSSRG" ~ Pre-Entry Form ~ \$45 first Class, \$30 additional classes

#1-DRIVER'S Name: \_\_\_\_\_ Bike #: \_\_\_\_\_ Transponder #: \_\_\_\_\_

**MANDATORY BIKE INFO:** Year of Bike: \_\_\_\_\_ Make of Bike: \_\_\_\_\_ CC: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

DoB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Emergency **Contact #** : ( ) \_\_\_\_\_

Sponsors: \_\_\_\_\_

**SIDECAR CLASS – OktoberFast GP – Oct. 13, 2019**

#2-MONKEY'S Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

DoB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

Emergency **Contact #** : ( ) \_\_\_\_\_

Sponsors: \_\_\_\_\_

**30 - Sidecar Class – One form, Two Riders – (No ability separation)**

**PRE-ENTRY DEADLINE: MUST be post-marked by Saturday, October 5, 2019**

**Glen Helen Raceway**



**ENTRANT RELEASE AND ASSUMPTION OF RISK AGREEMENT**

Entrant acknowledges the substantial risk of injury and property resulting from participation in motorcycling events and further acknowledges that such injury and damage can be caused by the negligent acts and omissions of persons and organizations connected with the conduct of such events.

Entrant hereby assumes all risk of injury or damage resulting from participation in this motorcycling event and releases Glen Helen Raceway Inc., Sponsoring Clubs and Organizations, Promoters, Officials, Fellow Participants, Landowners and those acting in their support or on their behalf from any and all liability arising by a negligent act or omission or otherwise resulting in personal injury or property damage to participant, participant's property, or participant's family/friends/spectators.

**Entrant has medical insurance** which will pay for any medical expenses arising from injuries suffered in this event. Entrant will not seek payment or reimbursement for expenses incurred for medical services and treatment resulting from injuries suffered in this event from any of the persons or organizations listed above.

The undersigned does hereby certify that he/she is a duly qualified rider having been so qualified by a competent organization. It is further understood and agreed that in the event I am injured from what so ever cause during the event covered by this application, I hereby consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owner, and further hold all parties harmless from any consequences of such aid. Under the rules and sanctions of Glen Helen Raceway Inc & the Old School Scrambles Racing Group., I hereby agree to conform and comply with rules governing this contest. **I HAVE READ THIS AGREEMENT AND I UNDERSTAND ITS TERMS.**

**X** \_\_\_\_\_ **X** \_\_\_\_\_ Date: \_\_\_\_\_

**DRIVER'S** Signature

**MONKEY'S** Signature

**Mail form(s) to:** **OSSRG**  
PO Box 400502, Hesperia, CA 92340

**Questions, call us at** (951) 313-0380 **or** info@OldSchoolScramblesRacing.com

**www.OldSchoolScramblesRacing.com**

**TOTAL PAID FOR THIS ENTRY**

\$ \_\_\_\_\_

Cash CK Charge Int \_\_\_\_\_