



# Registration Form

Paid On:	
Amount:	

<b>Bike #</b>

**AMA Vintage Motorcycle Days –  
Lexington, OH  
Friday ~ July 28, 2006**

Make check payable to and  
Mail Forms to:  
**Jim Pomeroy MX Clinic**  
4812 W. Viola Ave.  
Yakima. WA 98908

**Fee:**  
\$150.00

**Students Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please provide the following information:**    **Year & Make of Bike:** \_\_\_\_\_ **Size of Bike:** \_\_\_\_\_

**First Time/Beg “Dirt Bike School”** OR  **Pomeroy MX Clinic**     **Trail Ride Only**     **Motocross**     **Vintage MX**     \_\_\_\_\_

**Beg-D** ( ) **Nov-C** ( ) **Int-B** ( ) **Exp-A** ( ) **Pro** ( )                      **Years Riding** \_\_\_\_\_ **Years Competing** \_\_\_\_\_

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

IN CONSIDERATION of being permitted to participate, officiate, observe, work for or participate in any way in the JIM POMEROY MX CLINIC(s) or being permitted to enter for any purpose the RESTRICTED AREAS (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for him/herself, his/her personal representative, heirs, and next of kin:

1. Acknowledges, agrees and represents that he/she has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the JIM POMEROY MX CLINIC(s).
2. HEREBY RELEASES, WAIVER DISCHARGES AND CONVENTS NOT TO SUE the promoter, participants, racing association, sanctioning organizations or any subdivision thereof, track operator, track owner(s), official, motorcycle owner(s), competitor(s), pit crew, rescue personnel, any person in any RESTRICTED AREA, promoters’ sponsors and/or advertisers, owners and leasees of premises used to conduct the EVENT(s), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, direction or instructions or engage in risk evaluation or loss control activities regarding the premises or JIM POMEROY MX CLINIC(s) and each of them, their directors, officers, agents and employees all for the purposes herein referred to as “Releasees” FROM ALL LIABILITY, TO THE UNDERSIGNED, his personal representatives, assign, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE AND ANY CLAIM OR DEMAND THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE JIM POMEROY MX CLINIC(s), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE OR COST THEY MAY INCUR arising out of or related to the JIM POMEROY MX CLINIC(s) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BADILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the JIM POMEROY MX CLINIC(s) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE JIM POMEROY MX CLINIC(s) ARE VERY DANGEROUS and involved the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Rick and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESUE OPERATIONS AND is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS’ TERMS, UNDERTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND COLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LAIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I FULLY UNDERSTAND THAT THERE IS NO RIDER MEDICAL INSURANCE PROVIDED. I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ AND HAVE SIGNED IT VOLUNTARILY.

\_\_\_\_\_  
**PRINT Rider’s Name**

X \_\_\_\_\_  
Rider’s Signature **Date**

\_\_\_\_\_  
**PRINT Parent and/or Legal Guardians’ Name**

X \_\_\_\_\_  
Parent and/or Legal Guardians’ Signature **Date**

**PLEASE SEE BACK SIDE FOR “Minor’s Understanding and Parental Consent Form”**

# Minor's Understanding and Parental Consent Form

I have discussed the **"Jim Pomeroy MX Clinic"** I wish to participate in with my parents and/or legal guardian(s). They have explained to me the possibility of my being injured while participating in this clinic. I understand what they have explained to me and I know that I could be injured, possibly severe or even worse.

I am willing to assume the responsibility of this in order to be a participant in the **"Jim Pomeroy MX Clinic"**.

I also agree that, at any point if I feel endangered either by my own actions or those of others, that I am free to withdraw from the **"Jim Pomeroy MX Clinic"** and will do so of my own free will.

I know that I am not giving up any of my rights and that it is ok for me to participate.

I HAVE READ THE ASSUMPTION OF RISK ON THE FRONT PAGE. I TRULLY UNDERSTAND WHAT IT MEANS AND HAVE SIGNED VOLUNTARILY.

\_\_\_\_\_  
PRINT **Minors'** Name

X \_\_\_\_\_  
**Minors'** Signature

\_\_\_\_\_  
PRINT **Parent/Legal Guardian** Name

X \_\_\_\_\_  
**Parent/Legal Guardian** Signature

\_\_\_\_\_  
**Date** Signed by Participant and Parent/Legal Guardian

Location: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date Witness Signed