



# DISTRICT SIX SPORTS ASSOCIATION, INC

## Application for Competition Card and Number

Fee must accompany this application

Make checks payable to District 6 Sports Association



This Number Application is for: **Road Runs**

**Read • Fill out completely • Print legibly**

Name: First (Full Legal Name) \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

AMA#: \_\_\_\_\_ Expires: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Please Circle one **Rider: \$20.00** **Passenger: \$10.00**

Do you have a current Drivers License? YES or NO Do you have proof of Insurance? YES or NO

### WAIVER: THIS IS A RELEASE AND INDEMNITY AGREEMENT

In consideration of being granted an amateur competition number and in consideration of being permitted to enter competition events sanctioned by the American Motorcyclist Association and coordinated by District 6 Sports Association, Inc.

I hereby give up all my rights to sue or make any claim whatsoever against the American Motorcyclist Association and it's organizations, the American All Terrain Vehicle Association, the promoters, sponsors and all other persons or organizations conducting or connected with this event for any injury to property or person I may suffer, including crippling injury and death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises.

I know the risks and dangers to myself and my property while participating in the event and while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of any injury that I cause or receive.

I hereby certify that I assume all responsibility for all charges, premiums and taxes. If any, payable on any funds I may receive as results of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, Income taxes and withholding taxes.

I understand that a District 6 card for Amateur Events is subject to American Motorcyclist Association Rules of Competition and that of the District 6 Sports Association, Inc.

It is understood and agreed that in the event I am from whatsoever cause during an event authorized and operated under AMA D-6 rules, I herewith consent to and authorize first aid and ambulance service as provided by the sponsoring club or property owners, and further to hold all parties harmless from any consequences of said aid.

I have read this application and hereby make oath and say that to the best of my knowledge and belief all statements set forth in this report are true and correct.

\_\_\_\_\_  
Rider's Name (print)

\_\_\_\_\_  
Rider's Signature

Date \_\_\_\_\_

**NOTICE, IF UNDER 18** years of age, which applies to the laws of the states of Pennsylvania and New Jersey. This application must bear the **SIGNATURE OF PARENT OR GUARDIAN** which shall acknowledge a waiver and release of any and all claims such parent or guardian may have.

**Parent or Guardian**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to: Linda Sweigart 727 South Broad Street Lebanon, PA 17042 • 717-228-7016 Email: lrthompson3@mail.com

**THIS RECEIPT TO BE RETAINED FOR YOUR RECORDS AND MUST BE SHOWN AT SIGN-IN UNTILL CARD IS RECEIVED**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Type of Event \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Club Track Name \_\_\_\_\_

Received by \_\_\_\_\_

**NOT VALID UNLESS SIGNED**