

# Tri-State Club, LTD, Motorcycle Club NY

Event \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Club \_\_\_\_\_  
 Street \_\_\_\_\_ Bike Make \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Engine CC \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE CHECK THE BOX TO THE LEFT OF YOUR CLASS**

<input type="checkbox"/> Super Mini	<input type="checkbox"/> Junior	<input type="checkbox"/> A Super Sr	<input type="checkbox"/> AA	<input type="checkbox"/> B 200
<input type="checkbox"/> Mini Senior	<input type="checkbox"/> C 200	<input type="checkbox"/> B Super Sr	<input type="checkbox"/> A 200	<input type="checkbox"/> B 250
<input type="checkbox"/> Mini Junior	<input type="checkbox"/> C 250	<input type="checkbox"/> Masters	<input type="checkbox"/> A 250	<input type="checkbox"/> B 251+
<input type="checkbox"/> Mini Girls	<input type="checkbox"/> C 251+	<input type="checkbox"/> Golden Mstr	<input type="checkbox"/> A 251+	<input type="checkbox"/> B Vet
	<input type="checkbox"/> C Vet	<input type="checkbox"/> Women C	<input type="checkbox"/> A Vet	<input type="checkbox"/> B Senior
	<input type="checkbox"/> C Senior	<input type="checkbox"/> Women A/B	<input type="checkbox"/> A Senior	
	<input type="checkbox"/> C Super Sr	<input type="checkbox"/> Sportman		

**Do not ride this event without adequate medical insurance.**

**EMERGENCY CONTACT NAME & PHONE** \_\_\_\_\_

I, the undersigned, hereby agree, in entering this event, to forever release and discharge the organization promoting this event, and its officers and members, the Tri-State Club LTD and its officers, directors, and members, all other participants in the event, and all persons over whose property the event may pass, from any and all loss, injury, expense, damage, cause of action, or any claim whatsoever, which I may suffer or sustain, or which may arise out of or in connection with the event and my participation therein.

I declare that I am competent to enter this event and do so with full knowledge of the dangerous nature of participation and its inherent risk of physical injury.

Signature \_\_\_\_\_

Witness/Notary (required for minors) \_\_\_\_\_

Date \_\_\_\_\_

# Tri-State Club, LTD, Motorcycle Club NY

Event \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Club \_\_\_\_\_  
 Street \_\_\_\_\_ Bike Make \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Engine CC \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE CHECK THE BOX TO THE LEFT OF YOUR CLASS**

<input type="checkbox"/> Super Mini	<input type="checkbox"/> Junior	<input type="checkbox"/> A Super Sr	<input type="checkbox"/> AA	<input type="checkbox"/> B 200
<input type="checkbox"/> Mini Senior	<input type="checkbox"/> C 200	<input type="checkbox"/> B Super Sr	<input type="checkbox"/> A 200	<input type="checkbox"/> B 250
<input type="checkbox"/> Mini Junior	<input type="checkbox"/> C 250	<input type="checkbox"/> Masters	<input type="checkbox"/> A 250	<input type="checkbox"/> B 251+
<input type="checkbox"/> Mini Girls	<input type="checkbox"/> C 251+	<input type="checkbox"/> Golden Mstr	<input type="checkbox"/> A 251+	<input type="checkbox"/> B Vet
	<input type="checkbox"/> C Vet	<input type="checkbox"/> Women C	<input type="checkbox"/> A Vet	<input type="checkbox"/> B Senior
	<input type="checkbox"/> C Senior	<input type="checkbox"/> Women A/B	<input type="checkbox"/> A Senior	
	<input type="checkbox"/> C Super Sr	<input type="checkbox"/> Sportman		

**Do not ride this event without adequate medical insurance.**

**EMERGENCY CONTACT NAME & PHONE** \_\_\_\_\_

I, the undersigned, hereby agree, in entering this event, to forever release and discharge the organization promoting this event, and its officers and members, the Tri-State Club LTD and its officers, directors, and members, all other participants in the event, and all persons over whose property the event may pass, from any and all loss, injury, expense, damage, cause of action, or any claim whatsoever, which I may suffer or sustain, or which may arise out of or in connection with the event and my participation therein.

I declare that I am competent to enter this event and do so with full knowledge of the dangerous nature of participation and its inherent risk of physical injury.

Signature \_\_\_\_\_

Witness/Notary (required for minors) \_\_\_\_\_

Date \_\_\_\_\_