



Snocross Clinic – Wednesday, December 30th, 2009

All information is mandatory!

PARTICIPANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PARENT/GUARDIAN _____ RELATION _____

ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

AGE _____ (CHECK ONE) MALE _____ FEMALE _____

If parent/guardian cannot be reached in emergency call:

NAME _____ RELATION _____

HOME PHONE _____ CELL/WORK _____

MEDICAL RELEASE FORM

PEDIATRICIAN/PHYSICIAN _____

PHONE _____ CITY, STATE _____

INSURANCE COMPANY _____

POLICY # _____ POLICY HOLDER _____

I understand that, in the event of an emergency, ERX will make every effort to contact those people listed on this form. In the event that ERX is unable to contact the designated emergency contact, I give my permission to the physician selected by ERX management to secure treatment for my child as named on this form. I understand that completion of this medical form with my signature will allow the above named person participation in this ERX Snocross Clinic.

The Participant and their legal representatives hereby acknowledge that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. The Participant and legal representatives hereby release ERX staff, faculty, officers and management from any liability and hold harmless ERX for any damage to personal property, articles lost, stolen or left at ERX.

ERX has permission to use any video or photos of me or my child while attending or participating at this clinic to promote ERX Motor Park.



The named Participant, as well as the parent or guardian of the minor participant, hereby agree to the terms and conditions set forth in this application as well as the terms and conditions stipulated in the Racer Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Release Agreement"). This application and the Release Agreement must be signed by the Participant, and if applicable, the Participant's parent or legal guardian before access is granted to the race facility.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____

FINANCIAL INFORMATION

Participant Fee (\$150) \$ _____
Total \$ _____

Sled information _____

Make Checks payable to: **ERX**

Credit Card Information:

Credit Card Type: _____ Name on card: _____

Card Number: _____ Exp Date: _____

Security Code: _____

Billing Address for this card:

Mail forms to:

Sportech
Attn: Katie Kreuser
10800 175th Avenue NW
Elk River, MN 55330

Fax forms to:

763-712-3964 attn: Katie Kreuser

Or email to: kkreuser@sportechinc.com

OFFICE USE ONLY:

Name on Check: _____

Check Number: _____ Amount \$: _____ Date: _____