

2012 W. C. H. A. Championship Hillclimb & Verticross Series

STOCK VERTICROSS®

Name: _____ **WCHA #** _____ Ex Date _____ Age as of Jan.1, 2011 _____
 (Required) (Required)

Address: _____ Phone: _____ Date _____

City/State: _____ Zip: _____

EMAIL _____

PLEASE PRINT CLEARLY—**Highlighted areas must be completed**
 Please check all classes you are entering

Circle One (See list for Classification)

<input type="checkbox"/> EXPERT <input type="checkbox"/> 125-250cc <input type="checkbox"/> 251-550cc \$30 Pre Entry \$40 Post Entry _____ LIMITED TO 32 ENTRY	<u>STOCK BIKES</u> No chassis or tire modification allowed Slightly cut seat OK Must use gasoline Tether Required
<input type="checkbox"/> NOVICE <input type="checkbox"/> 125-250cc <input type="checkbox"/> 251-550cc \$30 Pre Entry \$40 Post Entry _____ LIMITED TO 32 ENTRY	<u>STOCK BIKES</u> No chassis or tire modification allowed Slightly cut seat OK Must use gasoline Tether Required

THREE (3) BIKES MAKE A CLASS ON ANY OF THE ABOVE CLASSES

WAIVER OF LIABILITY

I acknowledge that there are risks and dangers involved in riding and participating in contest at SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. I hereby release, acquit, and forever discharge SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., their owner, lessor, officer, agents, employees, representatives, and all participants, who might be using SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. from any liability, claim, demands action or right of action whatsoever kind of nature in law or in equity, I may have or which may have or which may accrue in favor of me or my heirs executors, administrators, and representatives, or any of them in any way growing out of; resulting from or arising in connection with my presence on or in the use of SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., or properties or facilities provided for, operated or controlled by SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC.. I hereby assume all risks of any liabilities, for damages to my person, injury or death, or my property while within the confines of the SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC., however caused: whether caused by negligence or otherwise, and I hereby give consent whatever medical care might be provided or available on the premises. I also agree to conform and comply with all the rules and regulations of the SKIP'S AT CARNEGIE & CARNEGIE SVRA, INC. and promoters.

If under 18 Years of Age-Parent or Guardian must sign

Signature Required _____

Parent's Signature _____

Mail Entry with Cashier Check/Money Order
 Visa - M/C - AmEx - Discover
 Please circle Card Company

Card # _____ Expiration Date _____

Signature _____ Required for credit card charges

INFORMATION: 1-888-244-SKIP(7547) TOLL FREE
 Evenings call: (209)586-9175 or (209)832-7192
 E-mail: skipsatc@sbcglobal.net or home35@email.com

WEBSITE: skipspromotions.com

MAIL TO: Skip's At Carnegie
P O BOX 1288 NEW ADDRESS
Twain Harte, CA 95383
Fax No. (209) 586-9308 (Credit Cards Only)