

# Rumble In The Red Rocks-Post Vintage Hill Climb

Name: \_\_\_\_\_ AHRMA# \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: ( ) - Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Insurance co.: \_\_\_\_\_ Policy# \_\_\_\_\_

Circle one:    **EXPERT**    **INTERMEDIATE**    **NOVICE**

**\*\*Entry fees are per day\*\***

**READ THIS RELEASE:**

*I hereby release and agree to hold AHRMA, the promoters, the owners, the lessees of the premises, the participants, sponsors, officers, directors, officials representatives, agents and employees of all of them of and from all liability, loss, damage or injury (including, but not limited to, death, loss of limbs, and permanent disablement) to my person or property in any way resulting from or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation for, or while upon, entering or departing from said premises, from said premises, from any cause whatsoever. I know the risk and danger to myself and property while upon said premises or while participating or assisting in the event, so voluntarily and in reliance upon my own judgment and ability, and I thereby assume all risk for loss, damage, or injury (including, but not limited to, death, loss of limbs, and permanent disablement) to myself and my property from any cause whatsoever.*

*I affirm that I have no known **PHYSICAL PROBLEMS** that will endanger others or myself while participating in this event.*

**HELMET STANDARDS:** My helmet meets the standards set forth in the AHRMA Handbook for the category of competition I have entered.

**Please check:**    **NO**    **YES**                      **NO**    **YES**

Contacts:                              Dentures    

Asthmatic:                              Diabetic    

Epileptic:                              Hemophiliac:    

other: \_\_\_\_\_

**Agreement:** By my signature below, I agree to the the terms of the above release, and further agree to abide by the AHRMA Handbook and any special regulations during the event:

\_\_\_\_\_  
Rider Signature:

\_\_\_\_\_  
Date:

Class	Race #	YEAR	Manufacturer	CC	FEES
Historic 125					
Historic 250					
Historic 500					
Historic 4-stroke					
Gran Prix 125					
Gran Prix 250					
Gran Prix 500					
Ultima 125					
Ultima 250					
Ultima 500					
Open Age					
+40					
+50					
+60					
+70					
Women					

Entry Fees:

First Class

Second Class

Third

Pre-register:

\$31.00

\$20.00

FREE

Day of Race

\$38.00

\$25.00

\$15.00

**Total Fees:**

\_\_\_\_\_