



# 351 MX LLC & KMCS Tracks Bar 2 Bar MX – Great Bend MX – Inman MX Jeeps MX – Platter Hill MX & Tallgrass MX

## ACKNOWLEDGEMENT OF DANGER & RELEASE OF LIABILITY

**I know that I must read and understand this before I sign it.  
My signature on this document means that I have read and I do understand it.**

I know that motorcycle riding is a dangerous sport and that participation in the activities at Bar 2 Bar MX LLC - GBMX Park, HAM Enterprises LLC - Inman Motocross Inc. - Wichita Jeeps Motorcycle Club Inc. - Platter Hill MX Park & Tallgrass MX, Kevin Nordquist Inc. Collectively known and herein referred to as Kansas Motocross Championship Series (KMCS), will expose me to danger of serious injury or death. This possibility of injury or death can happen because of mechanical equipment failures, my own actions while riding, track or weather conditions, the action or failures to act of other people, including the other riders on the track with me, or any combination of those or other factors.

**I (PRINT rider name)** \_\_\_\_\_ RECOGNIZE THAT I MAY BE INJURED OR KILLED AS A RESULT OF MY OWN OR SOMEONE ELSE'S NEGLIGENCE, EITHER ACTIVE OR PASSIVE, OR BY AN EQUIPMENT FAILURE.

By signing this agreement I agree to release Kansas Motocross Championship Series, all of its agents, officers, employees, landowners and facility operators from any liability for my injury or death. I accept to use all facilities and equipment furnished by all tracks associated with Kansas Motocross Championship Series "as is" with any defects, whether apparent or not and release all tracks included in the Kansas Motocross Championship Series of all liabilities.

I KNOW THAT I MUST READ, UNDERSTAND, AND SIGN THIS CONTRACT BEFORE I MAY PARTICIPATE IN ANY OF THE ACTIVITIES OF THE KANSAS MOTOCROSS CHAMPIONSHIP SERIES FOR THE 2018 RACES.

**Print Legibly, Fill in form Completely, All fields are required...**

Rider Name: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Sponsors: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature(X) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (X) \_\_\_\_\_ Date: \_\_\_\_\_