

2024 IATVHSS UTV ENTRY FORM

RACE LOCATION: _____ RACE DATE: _____

PLEASE CIRCLE ONE:

(\$120) UTV OPEN (\$100) UTV A (\$100) UTV B (\$100) 570/LITES
Yellow racing plate Orange racing plate Blue racing plate Black racing plate

Manufacture:

Honda Kawasaki Polaris Yamaha Other _____

TEAM/RACER INFORMATION:

UTV #: _____ Engine Size (cc): _____

Driver Name: _____ Co-Driver Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Primary Phone () _____ Primary Phone: _____

Date of Birth: _____ Date of Birth: _____

UTV Racing like all motorsports can be dangerous. IATVHSS does not provide participant medical insurance coverage. It is your responsibility to have adequate medical coverage. Due to the nature of UTV racing, there are no fence barriers around the track. It is your responsibility to stay within the track markers. Reckless or dangerous driving will not be tolerated. Safety to fans, officials and fellow drivers is a must.

THIS IS A RELEASE AND INDEMNITY AGREEMENT – READ IT BEFORE SIGNING

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against the AMA/ATVA and their respective district organizations, the promoters, sponsors and all other persons, participants or organizations conducting or connected with this even for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon event premises. I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the event premises and relying upon my own judgment and ability assume all such risks of loss and hereby agree to reimburse all costs to the person or organizations connected with this event for damages incurred as a result of my negligence.

Driver Signature: _____

Co-Driver Signature: _____

TRANSPONDER # E55000 _____