



# TASTE OF RACING - ENTRY AND WAIVER

## RIDER INFORMATION

Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Have you ridden Taste of Racing before? Yes No (circle one)

I would like to receive the OMRRA electronic newsletters: Yes No (circle one)

I would like to receive OMRRA New Rider School information: Yes No (circle one)

## RIDER WAIVER

Yes, I'm 18-years-old or older: \_\_\_\_\_ (initial)

Yes, I have personal health insurance: \_\_\_\_\_ (initial)

Yes, I signed and understand the OMRRA waiver at the front gate: \_\_\_\_\_ (initial)

Yes, my motorcycle and riding gear are in good condition: \_\_\_\_\_ (initial)

I understand the above:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid

\_\_\_\_\_  
Bike Tech

\_\_\_\_\_  
Gear Tech