

# Bonneville Vintage GP – Salt Flats Event – September 14, 2006

Name \_\_\_\_\_ AHRMA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone H/W \_\_\_\_\_ email \_\_\_\_\_

Insurance Co./Policy #(NO AMA ARMOR) \_\_\_\_\_

Age \_\_\_\_\_ Team Owner \_\_\_\_\_ Sponsors \_\_\_\_\_

Class	Riding #	Year	Brand/Chassis manufacturer	cc

## Entry Classes

500 Premier	Formula 750	Class C Hand/Footshift	Nov His Prod Hwt	BOT Formula 1	Open Two-Stoke
350 GP	Formula 500	Classic Sixties	Nov His Prod Lwt	BOT Formula 2	SOS Two-Stroke
250 GP	Formula 250	Classic Sixties 650	Vin Superbike Hwt	BOT Formula 3	Triumph Thruxton
200 GP	Formula 125	Sportsman 750	Vin Superbike Mwt	Super Mono	
BEARS	Formula Vintage	Sportsman 500	Vin Superbike Lwt	Super Mono 2	
Sound of Thunder	Pre-1940	Sportsman 350		Production Singles	

## Non Class Entry

Brand/Chassis manufacturer	cc	Year	Riding #

**READ THIS RELEASE:** I hereby release and agree to hold harmless AHRMA, the AMA, the USFRA, the US government, the BLM, the promoters, the owners, and lessees of the premises, the participants, sponsors, and the officers, directors, officials, representatives, agents and employees of all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including 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 therefor, or while upon, entering or departing 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 death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever. I have no known PHYSICAL PROBLEMS that will endanger me or others while participating in this event. **HELMET STANDARDS:** My helmet is Snell 2000 standard or better, or other standard specified in the AHRMA handbook.

**AGREEMENT:** By my signature below I agree to the terms of the above release, and further agree to abide by the AHRMA Handbook and any special regulations during the event. I understand that this is **NOT an AHRMA/AMA sanctioned event and that AMA "Amor" insurance will not be eligible for this event.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Send Only this form to: Salt Flats Entry, 2306 Benchmark Circle, Salt Lake City Utah 84109; FAX 801-467-0465**

**Note Please send; U.S.F.R.A. membership, entry, medical, radio announcers info & liability release forms to:  
U.S.F.R.A. P.O. Box 27365 S.L.C., UT 84127-0365**