

Arizona Precision Motorcycle Drill Team Fall Enhancement Registration Form

Spring Skill Enhancement – Begins March 1, 2012

Rider Name: _____

Co-Rider Name: _____

Address: _____ City : _____ Zip: _____

Telephone: _____ E-mail: _____

Check here if you wish to be notified of
upcoming Drill Team Special Events

Club affiliation (if any) : _____

Motorcycle Information:

Make: _____ Model: _____ Year: _____

Skill Enhancement classes continue for 6 consecutive Thursday evenings. They are open to all motorcycle riders and all makes of motorcycles. There is no fee for attending these classes but the Team accepts donations to help defray expenses. Space is limited. Class begins at 7:00 pm sharp (arrive a little early). Location is the Greyhound Park (38th St. and Washington).

Required riding gear: helmet, full fingered gloves, long pants, long sleeves, over-the-ankle boots or equivalent.

All participants MUST complete, sign and date the attached Waiver/Release form and have a current valid operator's license with a motorcycle endorsement.

Please send the completed forms to:

AZ Drill Team
19013 East Karsten Drive
Queen Creek, AZ 85242

If you have any additional questions you can e-mail us at: azdrillteam@gmail.com or call Jim Graybeal (602) 439-5352. Additional information can also be found at www.azdrillteam.org

ARIZONA PRECISION MOTORCYCLE DRILL TEAM

This form must be completed, signed and given to a Drill Team Representative prior to beginning your motorcycle Skill Enhancement instruction.

NAME (Print): _____

ADDRESS: _____

TELEPHONE NUMBER: (_____) _____

DRIVER LICENSE NUMBER: _____ STATE OF: _____

MOTORCYCLE ENDORSEMENT: YES _____ NO _____

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RELEASE, WAIVER AND INDEMNIFICATION

In consideration of the Arizona Precision Motorcycle Drill Team furnishing services to enable me to participate in their Skill Enhancement Classes, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my use of motorcycles and motorcycle equipment and my participation in the Skill Enhancement Class activities; (b) my participation in such activities may result in injury or illness; (c) these risks and dangers may or may not be caused by the negligence of the members, officers or agents of the Arizona Precision Motorcycle Drill Team, the owners or agents of the property on which the Skill Enhancement Class is held, the negligence of the participants, the negligence of others, accidents, the forces of nature and/or other causes, and that these risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities, I hereby expressly assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of members, agents or officers of the Arizona Precision Motorcycle Drill Team, the owners or agents of the property, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Arizona Precision Motorcycle Drill Team and its members, officers and agents and the owners and agents to the property on which the Skill Enhancement Class is held from any and all claims, suits or causes of action for bodily injury, property damage, loss of services or otherwise which may arise out of my use of motorcycles and motorcycle equipment and/or my participation in the Skill Enhancement class activities. I specifically understand and agree that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Arizona Precision Motorcycle Drill Team and it's members, officers, agents or property owners or their agents.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ARIZONA PRECISION MOTORCYCLE DRILL TEAM FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

SIGNATURE OF PARTICIPANT: _____

DATE: _____