GRANT COUNTY AG ASSOCIATION ENDURO REGISTRATION FORM

Drivers Name:			Class RWD FWD	
Age:	ge: Drivers Lic. #		State:	
Address:				
City:	State:	Z	ip Code:	
Yr & Make of Car:	Color:		Car #:	
Relief Driver Name:				
Age:	Drivers Lic. #		State:	
Address:				
City:	State:		Zip Code:	
I understand and realize that automobile racing of this type is hazardous and dangerous activity. I accept and assume all responsibility and possible consequences of such an activity. Although my car and safety equipment meets requirements and passed inspection, I assume responsibility for them and myself if either should fail to prevent injury or death. I am under no pressure or duress to engage in this activity. I enter into this event on my own free will. I, in no way hold the Grant County Ag Association or any of it's officers, directors, employees, volunteers, or representatives responsible for incidents or injuries to persons and/or property which may occur before, during, or as a result of, this event. This includes both drivers and his/her pit crew.				
Driver's Signature (& parer	its if under 18)	Date	Driver's Phone #	

Date

Driver's Phone #

Relief Driver's Signature (& parents if under 18)