MEMBERSHIP APPLICATION
2012 OKLAHOMA STATE CHAMPIONSHIP SERIES
MEMBERSHIP FEE $25.00

RIDERS NAME _____
Last First MI

DATE OF BIRTH _____ AGE_____ # OF YEARS RACING_____
YYYY/MM/DD

MAILING ADDRESS _____CITY_____

STATE_____ ZIP_____ HOME PHONE(____)_____

EMAIL_____

I UNDERSTAND THAT THE OKLAHOMA STATE CHAMPIONSHIP SERIES (OSCS)., THE LAND OWNERS, LEESSEES, PROMOTERS, AND TRACK OFFICIALS OF THE OKLAHOMA STATE CHAMPIONSHIP SERIES ARE IN NO WAY RESPONSIBLE FOR INJURY TO PERSONS OR DAMAGE AND/OR LOSE OF PROPERTY. I KNOW THAT MOTORCYCLE RACING IS DANGEROUS! I HEREBY GIVE UP ALL MY RIGHTS TO SUE OR MAKE CLAIM FOR DAMAGES DUE TO NEGLIGENCE OR ANY OTHER REASON WHATSOEVER AGAINST THE LANDOWNER, PROMOTERS, AND TRACK OFFICIALS OF THE OKLAHOMA STATE CHAMPIONSHIP SERIES, EMPLOYEES THEREOF, AND ALL OTHER PERSONS, PARTICIPANTS, OR ORGANIZATIONS CONDUCTING OR CONNECTED WITH THE OSCS TO INJURY TO PROPERTY OR PERSON I MAY SUFFER, INCLUDING CRIPPLING INJURY OR EVEN DEATH, WHILE PREPARING FOR AND/OR PARTICIPATING IN OSCS EVENTS AND WHILE ON THE EVENT PREMISES. AND RELYING UPON MY OWN JUDGMENT AND ABILITY, I ASSUME ALL SUCH RISKS OF LOSS AND HEREBY AGREE TO REIMBURSE ALL COSTS TO THOSE PERSONS OR ORGANIZATIONS CONNECTED WITH THE OSCS FOR DAMAGES INCURRED AS A RESULT OF MY NEGLIGENCE.

I KNOW THAT THE OKLAHOMA STATE CHAMPIONSHIP SERIES DOES NOT PROVIDE RIDER MEDICAL INSURANCE. MY PARENT/GUARDIAN OR I AM RESPONSIBLE FOR MY OWN HEALTH/ACCIDENT INSURANCE.

MY SIGNITURE BELOWS CERTIFIES THAT I HAVE READ, FULLY UNDERSTAND AND AGREED WITH THE PROVISIONS OF THIS APPLICATION.

RIDER'S SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE *MUST BE SIGNED IF RIDER IS UNDER 18 YEARS OF AGE* DATE

Check or Money order should be Payable to OSCS. $25 per membership.

Mail in applications:

OSCS
928 N Eastridge Drive
Guthrie, Oklahoma
73044

MEMBERSHIP #_____ (TO BE ASSIGNED BY OSCS PERSONNEL)