

MMS Day Pass Application

1. Please fill out this form completely and legibly.
2. Show your driver's license or birth certificate.
3. Have your cash or check to MMS for \$10.00 ready.

The promoters and or the Maine Motocross Series (MMS) does not provide medical insurance coverage, each participant must provide his or her own medical insurance coverage.

By signing this form I am assuring that I agree to conform to and comply with all rules set forth by the MMS and promoting organizations. I hereby release the MMS, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, and other riders and mechanics, from any and all liability, loss, damage, costs, claims and or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any event sanctioned by the MMS, and I assume responsibility for all expenses for physicians, ambulances, hospitals and other medical expenses and any other loss or injury to me and or personal property which I may sustain by reason of my participation in any MMS sanctioned events.

FIRST NAME		M.I.	LAST NAME		
ADDRESS					
CITY	ST	ZIP	PHONE		
DOB	AGE		CELL PHONE		
E-MAIL ADDRESS					
EMERGENCYCONTACT				PHONE	
CLASS (A,B, or C)	#	MODLE	BIKE BRAND	CC	

RIDER'S SIGNATURE	DATE
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X given Mechanic's Pass

Paid by Check # _____ Cash / C.C.

Track _____

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