

VRRA Waiver

I hereby confirm that I have no medical condition that could impair my ability to participate in motorcycle racing and that I am fully covered by medical insurance. Should my medical condition change at any time, I will discuss my racing plans with my doctor and abide by his/her restrictions.

The information on my Medical Data Carrier form is current, complete and in my Medical Data Carrier on my helmet.

I have inspected my racing protective equipment and it will provide the protection and durability I require.

I understand that racing motorcycles has some inherent risk and I take on that risk willingly and without holding the club or its directors liable for any injuries or damage sustained while participating in events organized by the VRRA.

I have read, and agree to abide by, the current VRRA Rules and Procedures and the Rider Information Sheet for each event. I understand the meaning of the flags used at VRRA events and the race procedures. I confirm that my machinery complies with the current VRRA Rules and Procedures.

I consent to the VRRA using any pictures taken of me during this event, without seeking my permission or giving remuneration, for future promotional or reference documents.

Rider's Name _____

Signature _____

Date _____

Parent/Guardian (of riders who are under 18 years of age)

Name _____

Signature _____

Date _____