

# TeamStrange 21<sup>st</sup> Anniversary Grand Tour Entry Form

**COST:** Non-refundable entry fee is **\$35 for primary rider**, plus **\$20 for each passenger**. Payment is by **CHECK OR MONEY ORDER ONLY**, payable to **KERRY PERSON**.

<b>SEND COMPLETED ENTRY TO:</b>	<b>TeamStrange 21<sup>st</sup> Anniversary Grand Tour</b> c/o Kerry Person 2956 Philipp Ave. Shakopee, MN 55379
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**FILL OUT THE FOLLOWING COMPLETELY**

**Primary Rider:** Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

eMail Address: \_\_\_\_\_  
(communication will be by email or our discussion board at <http://www.teamstrange.com>, unless you indicate "none" above.  
These electronic means are the best and fastest way for us to communicate with you)

Shirt size:  S  M  L  XL  XXL AMA # (or N/A): \_\_\_\_\_

(If more than one passenger, provide additional info on back of this form)

**Passenger:** Name: \_\_\_\_\_  
(if applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Shirt size:  S  M  L  XL  XXL AMA # (or N/A): \_\_\_\_\_

## **THIS IS A RELEASE – READ CAREFULLY BEFORE SIGNING**

I hereby give up all my rights to sue or make any claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association and its district organizations, the promoters, sponsors, and all other persons, participants, or organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death, while participating in the event and while upon event premises.

I know the risks of danger to myself and my property while preparing for and participating in the event and while upon the vent premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all cost to those persons or organizations connected with this event for damages incurred as a result of my negligence.

Primary Rider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Passenger Signature(s): \_\_\_\_\_ Date \_\_\_\_\_