

# RIDERS CHOICE LAPPING DAYS

## RIDERS MOTORCYCLE SAFETY CHECKLIST

NOTE: FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY.

NAME		PHONE	
MAKE	MODEL	YEAR	YOUR #

### TECHNICAL CHECK LIST - CHECK EACH ITEM

BACK PROTECTOR <input type="checkbox"/>	HELMET <input type="checkbox"/>	FULL LEATHERS <input type="checkbox"/>	BOOTS <input type="checkbox"/>	GLOVES <input type="checkbox"/>
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### MACHINE CHECK LIST - CHECK EACH ITEM

NO FLUID LEAKS	<input type="checkbox"/>
SAFE GROUND CLEARANCE	<input type="checkbox"/>
TAPED GLASS	<input type="checkbox"/>
OIL PLUG, OIL FILTER AND FLUID DRAIN PLUGS SECURED	<input type="checkbox"/>
FLUID CAPS SECURED	<input type="checkbox"/>
TIRES IN GOOD CONDITION AND PRESSURE CHECKED	<input type="checkbox"/>
BRAKES IN GOOD CONDITION	<input type="checkbox"/>
ALL NUTS, BOLTS AND FASTENERS SECURE	<input type="checkbox"/>
ENGINE KILL SWITCH OPERATIVE	<input type="checkbox"/>
WATER IN RADIATOR	<input type="checkbox"/>
PROPER OPERATING THROTTLE	<input type="checkbox"/>
STEERING	<input type="checkbox"/>

RELEASE: By my signature, at the bottom of this entry form, I release Riders Choice Lapping Days Inc., Mississauga, it's officers, employees, members, promoters, officials, competitors, safety personnel, all driving and racing schools, driving and racing instructors, driving and racing school employees and visitors from any and all liability of any damages to include but not limited to: my equipment, my person, my crew and further agree not to sue anyone for any loss or injury and realize and accept the risks involved in motorsports which may include but not limited to personal injury or death. By my signature, at the bottom of this entry form, I realize that motorsports and motorsports facilities are dangerous and willfully enter knowing this.

SIGNATURE	DATE SIGNED		
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# RIDERS CHOICE LAPPING DAYS INC.

I, the undersigned, state that I have received, have read, and understand completely the rules and regulations issued for this event and agree to be bound by them. I fully understand that motorcycle track riding is a dangerous activity and that injury could result from this activity. X \_\_\_\_\_(initials)

In consideration of my entry and my being permitted to take part in this event, I for myself, my heirs, executors, administrators, successors and assigns agree to save harmless and keep indemnified, Riders Choice Lapping Days Inc. and its officials, agents, employees or any other person for whom Riders Choice Lapping Days Inc. is legally responsible, Jones Brown Inc. Insurance Brokers and its officials, the other participants and their invitees, helpers and their respective agents (as the case may be), the owners or lessees of any land used for the events and their respective officials, servants, representatives or agents from and against all actions, claims, cost and demands, court actions, legal actions in respect of injury, death, loss of or damage to my person or property, however caused, without limitation loss of or damage to my person or property, however caused arising out of or contributed to or occasioned by the actions or negligence of the same bodies, their officials, servants, representatives, or agents and that I am fully responsible for my actions, property and conduct. X \_\_\_\_\_(initials)

I declare that I will attend all meetings called by Riders Choice Lapping Days Inc. prior to and during the event as deemed necessary by them and will abide by all instructions proclaimed at such meetings. I agree that Riders Choice Lapping Days Inc. and its officials or agents shall place safety barriers and other safety devices at various locations in or upon the facility as they deem necessary and I agree that these safety barriers and other devices are placed in a correct manner. X \_\_\_\_\_(initials)

I declare that I have chosen the correct class to participate in according to my competence to ride safely in that chosen class. I understand that Riders Choice Lapping Days Inc., its officials, or officers can remove me from that class, place me in another class with my agreement or suspend my riding privileges at their sole and complete discretion. X \_\_\_\_\_(initials)

I declare that I possess the standard of competence and health necessary to participate in the event contemplated by this agreement and that the motorcycle entered is suitable, safe and roadworthy for an event of this type having regard to the course and speeds that will be reached. I declare that I have inspected and I am familiar with the layout of the track and the safety devices and barriers placed thereon. X \_\_\_\_\_(initials)

I declare that I understand that the event could be cancelled at any time during its progress, at the sole discretion of Riders Choice Lapping Days Inc., due to inclement weather or unforeseen events with no refund due to the participants. X \_\_\_\_\_(initials)

I declare my presence at the circuit might expose me to danger either from incidents caused by me or by another person or by nature of activities conducted at the circuit. I further acknowledge that I may be injured or killed while participating in the event. X \_\_\_\_\_(initials)

I declare that I am 18 years of age or over, of sound mind and body and have freely agreed to sign this agreement. X \_\_\_\_\_(initials)

Riders Name (Please Print):

Riders Signature:

Date:

Emergency Contact Name:

Phone:

Witness Signature: