
Last Name

First Name

M.S.C. Member's Medical Form Medical Information

Health Insurance _____

Health Insurance Group Number _____

Subscriber Number _____

Dental Insurance _____

Dental Insurance Group Number _____

Subscriber Number _____

Date of Birth _____

Emergency Contact _____

(Name, Address, Phone Number)

Medications _____

Allergies _____

Other _____

I, for myself, my heirs, personal representatives and assigns, hereby release, discharge, and agree to hold harmless and indemnify the M.S.C., the owners and lessees of premises on which these events take place, the participants in these events, the owners, sponsors and manufacturers of all racing equipment upon the premises, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims, demands and possible causes of action that may otherwise accrue from any loss, damage or injury (including death) to my person or property, in anyway resulting from, or arising in connection with, or related to M.S.C. events, an whether arising while engaged in competition from any cause whatsoever including without limitation the failure of anyone to enforce the rules and regulations. I know the risk and danger to myself, or while participating or assisting in M.S.C. events, and I do so voluntarily and in reliance, not upon the property, equipment, facilities and existing conditions furnished by others, but upon my own judgment and ability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever and whether or not attributable to the negligence of others.

I hereby declare that to the best of my knowledge and believe, I upon oath, state that all statements set forth on this form are true and correct.

Signature _____

Date _____

Minor's Release: Any person under eighteen (18) years of age must have a Minor's Release form signed by parent or legal guardian before they will be allowed to participate in any racing event.