

**VINTAGE ROAD RACING ASSOCIATION  
RIDER'S SCHOOL 2010 APPLICATION FORM**  
June 4, 2010 at Shannonville Motorsports Park, near Belleville, Ontario

<b>Plate #</b>
Entry receipt #

Name			
e-mail		<b>OR</b> Phone #	
Address			
City	Province/State	Postal/Zip Code	
Emergency Contact Name			Phone #
Year, Make and Model of motorcycle			
VRRRA Membership #			<b>VRRRA use (init.)</b>
School Fee \$150	\$		Rec'd by
VRRRA membership - attach completed form if applicable	\$		
<b>TOTAL FEES</b> (Payable by cash, cheque or money order - circle one)	\$		

**If fees are paid by a third party, enter name** \_\_\_\_\_

**ADMISSION**

- Admission to the track is payable only at the track. A refund will be available if you leave after the school.

**REFUND POLICY**

- The school will operate rain or shine.
- If we have a full school (40 riders) and for any reason you cannot attend, we will attempt to fill your seat.
- If the school is not full, no refunds will be considered.
- There shall be no refunds due to weather, accidents or other circumstances beyond the control of the VRRRA.

**ACKNOWLEDGEMENT, WAIVER AND RELEASE**

I acknowledge that motorcycle racing can be dangerous. I am solely responsible to govern my conduct and the conduct of any infant, minor or other person who, while attending the "Quinte TT" (hereinafter called the event) to be held June 4<sup>th</sup> to 6<sup>th</sup> 2010 at Shannonville Motorsport Park is in my care, custody or control. In consideration of my being permitted to attend, or in any way, take part in the event, I, for myself, my heirs, executors, administrators, successors and assignees agree to save harmless and keep indemnified the Vintage Road Racing Association (VRRRA), Shannonville Motorsport Park, Racing Associates Canada Events (RACE), event sponsors and partners, the other participants and their respective agents, officials, servants and representatives from and against all actions, claims, costs and expenses and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, howsoever caused, arising out of or in conjunction with, my being permitted to attend at or in any way to take part prior to, during or subsequent to this event, whether as a spectator, participant, competitor or otherwise and notwithstanding the same may have been contributed to or occasioned by negligence of the said bodies, their agents, officials, servants or representatives. I acknowledge and agree that the Vintage Road Racing Association, at its sole discretion, shall have the right to decline to grant such participation or revoke at any time such credentials to me, or the right to attend or take part in the event.

I hereby confirm that I have no medical condition that could impair my ability to participate in this event and that I am fully covered by medical insurance for this event.

I have read, and agree to abide by, the information presented on this form and the Rider Information Sheet for this event.

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

**Name** (please print) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Complete if entrant is under 18 years of age  
Parent/Guardian Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sign and mail this form with your cheque or money order (payable to VRRRA) to:**  
**Michael Vinten, VRRRA Riders School,**  
**881 Champlain Street, Orleans, ON K1C 1K3**  
**613-824-5934 e-mail: [m.vinten@sympatico.ca](mailto:m.vinten@sympatico.ca)**