



GUY LONGWELL
 39154 GODDARD ROAD
 SARDIS, OH 43946
 740-483-1937
 OR
 740-228-2453

PLEASE PRINT CLEARLY
 RETURN FORMS IMMEDIATELY

NAME _____ AGE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF MX CLASS _____ BRAND & SIZE OF BIKE _____

1. HOW MANY YEARS HAVE YOU BEEN RIDING? _____
2. WHAT PARTICULAR THING DO YOU WANT TO LEARN ABOUT RIDING?

3. WHAT DO YOU FIND HARDEST TO DO NOW? _____
4. HAVE YOU EVER ATTENDED BIG GUYS MX SCHOOL: YES / NO
 HOW MANY TIMES? _____
5. HAVE YOU EVER ATTENDED ANY OTHER RIDING CLASSES: YES / NO
6. WHAT MADE YOU DECIDE TO ATTEND THIS SCHOOL? _____
7. WHAT, IF ANY, ARE YOUR FUTURE DESIRES FOR RACING? _____

THIS IS A RELEASE AND INDEMNITY AGREEMENT, READ BEFORE SIGNING

I hereby give up all of my rights to sue or make any claim whatsoever against Guy Longwell or any and all persons connected with his motocross class, any organizations, sponsors, property owners or promoters connected with this event for any injury to property or person I may suffer, including crippling injury or death, whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises. I know the risks of danger to myself or my child and my property while upon the event premises and, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of any injury that I or my minor child may cause or receive.

THIS IS A RELEASE _____
 (signature of participant)

THIS IS A RELEASE _____
 (signature of parent)

SIGNATURE OF NOTARY _____ DATE _____

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED DOES HEREBY AUTHORIZE _____

TO PARTICIPATE IN THE BIG GUYS MOTOCROSS SCHOOL ON THE DATES _____

_____. THE UNDERSIGNED ALSO AUTHORIZES _____

OR GUY LONGWELL, OR A MEMBER OF HIS STAFF TO HAVE _____

MEDICALLY TREATED SHOULD IT BECOME NECESSARY DURING THE ABOVE DATES.

SIGNED: _____

NOTARY: _____

PLEASE INDICATE ANY MEDICAL INSURANCE NUMBER _____

PLEASE LIST PHONE NUMBER IN CASE OF EMERGENCY: DAY _____

CELL _____