



Buchanan County Fair Go-Kart Registration

\$1,000 give away to Pro Clone 360 Winner

Name: _____ Race #: _____ Age: _____

Address: _____ Phone #: _____

Name of Emergency Contact:

1. _____ Phone #: _____ Relationship: _____

Class Registration: (\$10 per class per person)

_____ Junior 1

_____ Stock Lite

_____ Power Wheels (**FREE**)

_____ Super Heavy

_____ Pro Clone (\$50 entry per person)

Note: 10 kart minimum 1,000 to win. Less than 10 karts
100% payback to winner of class.

Payment: Cash / Check

Total Amount Paid: \$ _____

Race Rules and Warning/Assumption of Risk

Please initial on each line after reading:

1. _____ I understand that entering Go-Kart racing is a hazardous activity that presents high speed racing with other Go-Kart participants that may cause harm.
2. _____ I assume all risks associated with competing in Go-Kart racing including, but not limited to: collisions, contact with other participants, negligent or wanton acts of other participants, any obstacles on the race track, any defects or conditions of premises, and the effects of weather including but not limited to rain, high heat and/or humidity, all such risks being known and appreciated by me.
3. _____ I agree to and will abide by SGR rules and requirements that are attached to and incorporated by Reference into this Registration Form.
4. _____ I agree to obey all civil and criminal laws at all times.
5. _____ I agree that all entry fee payments are final and non-refundable.
6. _____ I agree that all racing officials decisions are final.
7. _____ I agree to abide by all posted signage around SGR.

Medical Release

I understand that participation in this activity may be, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or others who might depend on them. In the event I am unable to give medical authorization in an emergency, I hereby give my permission for the SGR staff to seek appropriate medical attention for me or my minor child should I be unable to authorize it myself. I therefore release any and all rights or claims for damages against the County and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

By signing below, the participant and/or guardian of the youth registered on this form authorizes him or her to participate in the Buchanan County Fair Go-Kart Racing activity and signifies agreement to all the terms and releases stated on this registration form.

Name of Participant: (Print) _____

Signature of Participant: _____ Date: _____

Signature of Legal Parent/Guardian (if participant is under 18 years of age):

_____ Relationship: _____ Date: _____