

Driver Information:

Last Name:	First Name:					
Mailing Address:						
Address.	Po	stal				
City	-	ode				
Email address:						
Phone #	Date of Birth					
		mm	dd	уууу		
Is driver Member of	WOO? Yes	No				
Note: Th	his DOB information is required to confirm eligibility as well	as signing author	rity for wavier)			
Signing Authority Information Required if driver is aged 18 & under						
Last Name:	First Name:					
Mailing						
Address:						
City	Prov	Postal Code				
City	FTOV	Code				
Email address:						
Phone #	Date of Birth					
I haraby cortify that				уууу		
Thereby certily that	I am above the age of majority and have the p on behalf of the applicant.	roper authority	y to sign this	document		
Note:	DOB information is required to confirm eligibility as well as	s signing authority	r for wavier)			
Signature of D	river or Parent/Guardian	Dat	e:			
Signatu	re of WOO Official	Dat	e:			
-						
Tick all that	at apply					
Junior	Tractor #					
Stock Limited	Tractor #					
Stock	Tractor #					
Super Stock	Tractor #					
Pro Modified	Tractor #					
Outlaw	Tractor #					



Release of Liability and Assumption of Risk Agreement

I, the undersigned, hereby waive, release and discharge any and all claims for damages, for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said events. This release is to discharge in advance the property owners, promoters, sponsors and any affiliated organizations, including W.O.O., the promoting of the club, the officials and any involved municipalities or other public entities from against any and all liability arising our of negligence or careless as a result of my participation in said race event.

I agree to inspect the track and ground prior to my participation in said race events and after such inspection by myself, by registering for the race events acknowledge and accept track conditions, pit area, and safety for spectators are to my satisfaction.

I further understand that serious accidents may occur during lawn tractor racing and that participants of lawn tractor racing may sustain mortal or serious injury, and/or property damage as a result thereof. Knowing the risks of lawn tractor racing, nevertheless, I hereby agree to assume the risks and to release and hold harmless all persons mentioned above.

I hereby read and fully understand the release of liability and assumption of risk agreement and accept the terms and conditions by affixing my signature. Initial

(Signer must read a selected portion aloud to registrar prior to signing. If unable, this document in its entirety must be read to the applicant prior to signing).

Proof of Age/Identify provided	Type:	
Front of form filled out in its entiret	y and sigr	ned
Driver profile provided		

Name of Driver	
(please print clearly)	
Signature of Driver or	
Parent/Guardian	
Signature of W.O.O. Official	
Signature of Witness	
Date	