



OREGON MOTORCYCLE ROAD RACING ASSOCIATION
2017 Taste of Racing Entry + Waiver

RIDER INFORMATION

Name (please print): _____

Email Address: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Have you ridden Taste of Racing before? Yes No (circle one)

I would like to receive *OMRRA* electronic newsletters: Yes No (circle one)

I would like to receive *OMRRA* New Racer School info: Yes No (circle one)

RIDER WAIVER

Yes, I'm 18-years-old or older: _____ (initial)

Yes, I have personal health insurance: _____ (initial)

Yes, I signed and understand the *OMRRA* waiver at the front gate: _____ (initial)

Yes, my motorcycle and riding gear are in good condition: _____ (initial)

I understand the above:

Rider Signature

Date

Paid

Bike / Gear Tech ok