



**OREGON MOTORCYCLE ROAD RACING ASSOCIATION**  
2019 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