Waiver / Release Form

$ amt paid:_____

The following event release form has been approved by Gone Riding, Corp **Please PRINT** the following information:

Event Name: Race Class: Race Bib #:

Today's Date: __|__|_____ ☐ Annual Member - License #:__|__|__|__|__|__|__|__|__| ☐ One Day Member
Event Date(s):__|__|_____
Birth Date: __|__|_____ Racing Age (as of December 31 of current year):_____ Gender (M/F):___

First Name:__|__|__|__|__|__|__|__|__|__|__| Last Name:__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Address:__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|