

Marshfield Fair Super Cross Entry Form

One Class Per Entry Form

125cc Expert (Pro) \$ 40.00 ea	Open Amateur \$ 30.00 ea	50cc 7 and Under \$ 30.00 ea
250cc Expert (Pro) \$ 40.00 ea	30+ Exp/Am \$ 30.00 ea	50cc 8 and Over \$ 30.00 ea
125cc Amateur \$ 30.00 ea	80cc Exp/Am \$ 30.00 ea	
250cc Amateur \$ 30.00 ea	60cc Exp/Am \$ 30.00 ea	

**"Check" must be sent with this entry blank. Please send entries to:
South Shore Promotions, 212 Plymouth St. Pembroke, MA 02359**

SS#		Event Date:	
Date of Birth:		Age:	
Name:			
Address:			
City	State	Zip	
Telephone: ()			
Insurance Company:			
Policy No:			

NOTE: IT IS EACH RIDER'S RESPONSIBILITY TO ENTER THEIR PROPER CLASS.

Rider Number

Brand of Machine: _____

NOTE CLASS AGE RESTRICTONS
ALL RIDERS UNDER 18 COMPLETE THIS FORM.
NOTARIZED PERMIT FORM

Date: _____

I, _____
(Parent/Guardian Name)

give my permission for my ward _____
(Name of minor child)

to participate in this event.

I understand the event officials, the event promoters, the property owners and Marshfield Fair are not responsible for any minors.

I understand that I am responsible for any or all injuries to my ward and/or personal property, and all ambulance, doctor, and hospital bills and/or any other related bills that have incurred as a result of their participation in this event.

I hereby relieve the event officials, the event promoters, the property owners and Marshfield Fair of any and all responsibility due to any injuries my ward, and or personal property that may be incurred during this event.

Signed: (In Ink) _____
(Parent/Guardian)

Address: _____

City: _____ State: _____ Zip: _____

NOTARY PUBLIC SEAL:

Notary Public Signature

State of: _____ County Of: _____
On this: _____ Day of _____ 200__
before me personally appeared

To me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

HAVE YOU READ THIS ENTRY BLANK? _____
SIGNED (in INK, Red or Blue): _____

I understand that if I am under eighteen (18) years, that this form must be signed by my parent or legal guardian and Notarized.

I further understand that in order to properly safeguard the spectators, contestants, and to avoid possible mishap the Marshfield Fair Referee, through the authorized Referee reserves their right to exclude any competitor or mechanic who in their judgement is not fully qualified to complete in the scheduled events. This applies to rider's abilities and/or equipment conditions as well as violation of any Marshfield Fair or promoting organization rules or regulations.

I agree to conform to and comply with all the rules set forth by the Marshfield Fair and promoting organizations. I hereby release the Marshfield Fair, it's officers, members, agents, representatives and officials, all event officials, and all promoting organizations and their respective members, officers and officials, the owner(s) of the premises, or any officers thereof, an all other riders and mechanics, form any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any events sanctioned by the Marshfield Fair, and I assume all responsibility for all expenses for physicians, ambulance, hospitals and other medical expenses and any other loss or injury to me and/or personal property which I may sustain by reason of my of the Marshfield Fair event.

IN CASE OF EMERGENCY

I Hereby Give Permission to the Attending Physician, Physician's Assistant, Nurses, Paramedical Personnel, and Emergency Medical Technicians to secure proper treatment and hospitalize until the person below can be reached.

In CASE OF EMERGENCY CALL:

Telephone: ()		
Name:	Relationship	
Address		
City:	State:	Zip
Is this Person at the Event	<input type="radio"/> Yes	<input type="radio"/> No