



TEAM HAMMER PRO PRACTICE REGISTRATION INSTRUCTIONS

Print Out All Forms, Complete And Return To:

Fax: (951) 245-6417

Email: school@teamhammer.com

USPS:

TEAM HAMMER, INC.

PO Box 183

Wildomar, CA 92595-0183

UPS/FedEx:

TEAM HAMMER, INC.

581 Birch St. Suite C

Lake Elsinore, CA 92530

Payment must be received with registration. Enclose payment in the form of a cashier's check, money order, or credit card authorization for \$300 with your registration forms. Registration applications received without payment will not be processed. **Personal checks are not accepted and will be returned.**

BIKE MODEL: Be sure to indicate your bike model on the registration form. This determines which Practice session you will be assigned to.

EXTRA SESSION: If you have two motorcycles and wish to participate in a second Practice session, you may do so for an added \$100, for a total of \$400. Be sure to list both motorcycle models on your registration form.

Completed registration forms with payment must be received seven days prior to the date of the school.

EMAIL CONFIRMATION: Once your registration has been processed, you will receive a letter of confirmation via email. Be sure that your email address is accurate and clearly written. Print out your confirmation email and bring it with you to the track.

AT-TRACK REGISTRATION: If you have missed the seven-day pre-registration deadline, you may still be able to participate in Pro Practice, depending on space availability. You must call the Team Hammer office at 951-245-6414 to check on availability before showing up at the track. We cannot guarantee a space in Practice for walk-up registration.

A post-entry fee of \$50 will be added to the cost of practice for at-track registration. Cash, money order, cashier's check, or credit card in the amount of \$300 will be accepted at the track, with a \$150 post-entry fee per rider for additional session. **No personal checks.**

**Pre-registration is strongly recommended to avoid long lines and delays at the track.
DON'T MISS OUT - MAKE SURE YOU REGISTER BEFORE THE DEADLINE!**

Team Hammer, Inc. P.O. Box 183, Wildomar, CA 92595 Phone (951) 245-6414 FAX (951) 245-6417 school@teamhammer.com
Team Hammer, Inc. owns and operates the Team Hammer Advanced Riding School & Pro Practice.



PRO PRACTICE PRE-REGISTRATION
Daytona International Speedway · Thursday, October 13, 2022

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime phone (_____) _____ Cell phone (_____) _____
 Email _____
 Emergency Contact _____ Phone (_____) _____
 Emergency Contact's relationship to you _____
 Bike year and model _____

Session(s) Requested (Circle/Click) OPEN 600 BAGGERS/LIGHTWEIGHT

- WE MUST RECEIVE PRE-ENTRIES BY OCTOBER 7th, NO LATER THAN NOON PACIFIC TIME -

| DESCRIPTION: | PRICE | TOTAL |
|---|--------------|--------------|
| Pro Practice (restricted to licensed racers entered in associated race event) | \$300 | |
| Extra Session | \$100 | |
| Team Hammer Event T-Shirt (Circle/Click) 2XL XL L M S | \$15 | |
| TOTAL ENCLOSED Payable to Team Hammer, Inc. | | |

Credit card, money order, or cashier's check payable to Team Hammer, Inc., only.
Personal checks not accepted and will be returned. No rain checks. Pro Practice held rain or shine.

Cashier's/Certified Check or Money Order Payable to Team Hammer, Inc. (Staple to this page)

Credit card # _____ Expiration Date _____ Security Code _____

Billing Address (if different than registration address) _____

City _____ State _____ Zip _____

Name as it appears on the card _____

Signature _____ Date _____



RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned, (Name Here), desires to ride and participate in the "Team Hammer Advanced Riding School," or "Team Hammer Pro Practice" conducted by Team Hammer, Inc. on the **Daytona International Speedway** paved road racing course on **October 13, 2022**. The undersigned desires to do so all the while understanding and acknowledging that the sport of motorcycle riding and specifically riding in the above named School or Practice on the above named paved road course, is extremely dangerous and poses a great risk to life and limb.

THIS RELEASE OF RIGHTS IS INTENDED TO APPLY TO THE ENTIRE WORLD, EVEN THOSE ENTITIES NOT CONNECTED TO TEAM HAMMER, ETC. The reason that Team Hammer, and their retailers, affiliates, subsidiaries, agents, employees, instructors, riders, mechanics, pit crew, servants, sponsors, suppliers, officers, and directors desire this release to be this broad is that they do not wish to be involved as a party in any such litigation, and such a release is designed to eliminate any litigation in the event that I am injured or die as a result of the aforementioned activities.

With this understanding, for him/herself, his/her personal representatives, his/her heirs and next of kin, the undersigned:

- HEREBY RELEASES AND DISCHARGES FOR ALL TIME** Team Hammer, Inc., their retailers, their affiliates, subsidiaries, agents, employees, instructors, riders, mechanics, pit crew, servants, sponsors, suppliers, officers, and directors, from all liability to the undersigned or anyone representing the undersigned for any loss or damages, on account of injury or damage or losses sustained by the undersigned, including his/her death, as a result of riding and/or participating in the above named School or Practice, whether caused by the negligence of Team Hammer, Inc., and whether on or off the racing premises, while the undersigned is participating in any School or Practice events or preparing to participate in any School or Practice events.
- HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** while participating in any School or Practice events.
- HEREBY WAIVES ANY CLAIMS AND DOES COVENANT NOT TO SUE TEAM HAMMER, INC.,** John Ulrich, Trudy Ulrich, Michael Martin, David Swarts, and Chris Ulrich for any claim which he/she may now have or may acquire against said entities or against any of their retailers, affiliates, subsidiaries, agents, employees, instructors, riders, mechanics, pit crew, servants, sponsors, suppliers, officers or directors by reason of any injury or damages or loss sustained by him/her, including his/her death, as a result of participating in any School or Practice events whether on or off racetrack premises, regardless of the cause thereof.
- HEREBY AGREES THAT THIS RELEASE AND HOLD HARMLESS AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the state in which any of its activities are located, and if any portion of it is determined by a court of law to be invalid, the balance shall continue in full force and effect.
- HEREBY UNDERSTANDS** that Section 1542 of the California Civil Code provides that a general release does not extend to claims which the undersigned does not know or suspect to exist in his/her favor at the time of signing the release, which if he/she knew or suspected such claims, would have materially affected his willingness to sign the release.
- HEREBY WAIVES HIS/HER RIGHTS** under Section 1542 of the Civil Code of California and any similar law of any other state, and acknowledges that this waiver is an essential term of this release without which he/she would not have signed this release. **THE UNDERSIGNED REPRESENTS THAT HE HAS READ, UNDERSTANDS AND IS VOLUNTARILY SIGNING THE RELEASE AND HOLD HARMLESS AGREEMENT,** and further represents that no verbal statements have been made to the undersigned to induce him/her to sign this Agreement.

Date

Printed Name

Participant Signature

Date

Printed Name of Witness

Witnessed by



Rules Compliance Agreement

I, (Name Here), agree that that as a condition of being allowed to participate in the Team Hammer Pro Practice conducted by Team Hammer, Inc., I will obey all Pro Practice rules and all instructions and orders given by Pro Practice staff members. I agree that if I fail to comply with Pro Practice rules or instructions or orders given by Pro Practice staff members, either by my intentional acts or my unintentional acts, I will not be allowed to continue nor attend any future Pro Practice.

I acknowledge and agree that Pro Practice sessions are held rain or shine. I acknowledge and agree that at-track scheduling is subject to delay and/or change due to factors beyond the control of Team Hammer, and that in case of reduced track time, regardless of cause, there will be no refunds or credits issued. I understand and agree that entry and leather rental refund requests must be received in writing by Team Hammer, Inc. at least seven days in advance of Pro Practice session, with no refunds made after that date.

I understand that compliance with Pro Pro Practice rules and the instructions and orders of Pro Practice staffers is essential because riding a motorcycle on a racetrack is very serious and very dangerous. I understand that failure to comply with Pro Practice rules and the instructions and orders of Pro Practice staffers could increase the risk of serious injury or death to myself and other students and thus will not be allowed.

Date _____ Participant Signature _____

Acknowledgement Of Machine Damage Potential

I, (Name Here), understand that riding my motorcycle on a racetrack brings with it the possibility that my motorcycle may be damaged or destroyed due to the actions of myself or others. I further understand that the Release and Hold Harmless Agreements I have signed mean that no matter what happens to my motorcycle, and no matter why, it is my sole responsibility and risk.

Date _____ Participant Signature _____

Acknowledgement Of Personal Injury Potential And Insurance Coverage Limits

I, (Name Here), understand that riding my motorcycle on a racetrack brings with it the possibility that I may be killed or injured due to the actions of myself or others. I further understand that the Release and Hold Harmless Agreements I have signed mean that no matter what happens to me, and no matter why, it is my sole responsibility and risk. I further acknowledge that I have been informed that, in the event I am injured during Pro Practice sessions, the Team Hammer Advanced Riding School Pro Practice provides secondary medical coverage that pays 80 percent of medical bills up to \$5,000, with a \$250 deductible. I understand that in the event I do not have primary medical insurance coverage, I am responsible for the deductible and 20 percent of medical bills up to \$5,000, as well as 100 percent of medical bills over \$5,000 and any ambulance ride charges.

Date _____ Participant Signature _____



Acknowledgement That Team Hammer Event Runs Under ASRA/CCS Sanction And Agreement That ASRA/CCS Rules Apply

I, (Name Here), agree that as a condition of being allowed to participate in the Team Hammer Pro Practice event conducted by Team Hammer, Inc. under sanction by ASRA/CCS and held at Daytona International Speedway, all applicable ASRA/CCS rules apply.

Those applicable ASRA/CCS rules include, but are not limited to, section 1.2.2 of General Competition Regulations and section 3.3.2 of General Regulations:

GENERAL COMPETITION REGULATIONS

1.2.2 ASRA and CCS reserve the right to prevent any entrant or entrants from participating in any Championship Cup Series or American Sportbike Racing Association event including, but not limited to, track days, practices, racing schools and actual competition. Likewise, the Referee or Race Director can prevent an entrant from competing.

GENERAL REGULATIONS

3.3.2 The use of intoxicants or drugs of any nature which could affect the mental or physical abilities of any participant from his/her normal capabilities when in good mental and physical health are strictly prohibited, and will cause said participant to be excluded from riding and expelled from the premises.

Date _____ Participant Signature _____

HEALTH STATEMENT AND COMMUNICATIVE DISEASE AND INFECTION ASSUMPTION OF RISK ACKNOWLEDGMENT, HOLD HARMLESS RELEASE AND LIABILITY WAIVER

I am in good health and have no physical conditions or illness, nor have I been exposed to any illness including COVID-19, that would prevent me from participating in or observing the Team Hammer Advanced Riding School & Pro Practice. I assume all risks of contracting any illness including COVID-19 related to my participating, observing or hanging out in the vicinity of the Team Hammer Advanced Riding School & Pro Practice and staff and other participants, and release and discharge all the parties named in this document, as well as the ENTIRE WORLD, from any liability or any reason.

| | | |
|-------|-------------------------|-----------------------|
| _____ | _____ | _____ |
| Date | Printed Name | Participant Signature |
| _____ | _____ | _____ |
| Date | Printed Name of Witness | Witnessed by |