

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 \$350 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 \$450. 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 \$400 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 19, 2023

Name				
Address				
City		Zip	<u> </u>	
Daytime phone ()				
Email				
Emergency Contact		_Phone() _	
Emergency Contact's relationship to you				
Bike year and model				
Session(s) Requested (Circle/Click) OPE				
- WE MUST RECEIVE PRE-ENTRIES BY O	CTOBER 7th, NO LATER	THAN NOON P	ACIFIC TIME -	
DESCRIPTION:			PRICE	TOTAL
Pro Practice (restricted to licensed racers entere	ed in associated race event)	\$350	
Extra Session			\$100	
Team Hammer Event T-Shirt (Circle/Click)	2XL XL L M	Л S	\$15	
TOTAL ENCLOSED	Payable to Team Ha	mmer, Inc.		
Credit card, money order, or cashier's check Personal checks not accepted and will be return Cashier's/Certified Check or Money Order	rned. No rain checks	. Pro Practic	e held rain d	
Credit card #	Expiration Date	Sec	curity Code	
Billing Address (if different than registration add				
City				
Name as it appears on the card				
Signature			ate	
To the Haranese Inc. DO Day 102 Wildows V CA 00505 D				.

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RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned, (Name Here) the "Team Hammer Advanced Riding School," or "Team Inc. on the Daytona International Speedway paved ro signed desires to do so all the while understanding and and specifically riding in the above named School or Prextremely dangerous and poses a great risk to life and I THIS RELEASE OF RIGHTS IS INTENDED TO APPLY TO T NECTED TO TEAM HAMMER, ETC. The reason that Team Hemployees, instructors, riders, mechanics, pit crew, servants, s	ad racing course on October 19, 2023 . The underacknowledging that the sport of motorcycle riding actice on the above named paved road course, is imb. HE ENTIRE WORLD, EVEN THOSE ENTITIES NOT CON ammer, and their retailers, affiliates, subsidiaries, agents,
to be this broad is that they do not wish to be involved as a p eliminate any litigation in the event that I am injured or die as	arty in any such litigation, and such a release is designed to
With this understanding, for him/herself, his/her personal repre	sentatives, his/her heirs and next of kin, the undersigned:
account of injury or damage or losses sustained by the	cs, pit crew, servants, sponsors, suppliers, officers, and epresenting the undersigned for any loss or damages, on undersigned, including his/her death, as a result of riding ctice, whether caused by the negligence of Team Hammer, e undersigned is participating in any School or Practice ice events. DRISK OF BODILY INJURY, DEATH OR PROPERTY events. NT NOT TO SUE TEAM HAMMER, INC., John Ulrich, Trudy any claim which he/she may now have or may acquire
on or off racetrack premises, regardless of the cause the	of participating in any School or Practice events whether ereof.
which if he/she knew or suspected such claims, would have 6. HEREBY WAIVES HIS/HER RIGHTS under Section 154 other state, and acknowledges that this waiver is an essential have signed this release. THE UNDERSIGNED REPRES	any of its activities are located, and if any portion of it is shall continue in full force and effect. In a Civil Code provides that a general release does not exspect to exist in his/her favor at the time of signing the release, e materially affected his willingness to sign the release. 2 of the Civil Code of California and any similar law of any ential term of this release without which he/she would not SENTS THAT HE HAS READ, UNDERSTANDS AND IS HARMLESS AGREEMENT, and further represents that no
verbar stater herris have been made to the artaetsighed	no mauce minyneno sign mis Agreemem.
Date Printed Name	Participant Signature

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Witnessed by

Printed Name of Witness

Date



Rules Compliance Agreement

, (Name Here)		that that as a condition of being allowed to par- feam Hammer, Inc., I will obey all Pro Practice rules
•	•	nembers. I agree that if I fail to comply with Pro
	<u> </u>	staff members, either by my intentional acts or my
	acts, I will not be allowed to continue nor atte	·
		ons are held rain or shine. I acknowledge and nange due to factors beyond the control of Team
•	· · · · · · · · · · · · · · · · · · ·	ss of cause, there will be no refunds or credits is-
	· · · · · · · · · · · · · · · · · · ·	refund requests must be received in writing by Team
	•	ce session, with no refunds made after that date.
	•	rules and the instructions and orders of Pro Practice track is very serious and very dangerous. I under-
		instructions and orders of Pro Practice staffers could
ncrease the risk	sk of serious injury or death to myself and oth	er students and thus will not be allowed.
Date	Participant Signature	
	Acknowledgement Of Meet	nino Domogo Dotontial
	Acknowledgement Of Macl	iille vallaye Puleliliai
, (Name Here)	, under	stand that riding my motorcycle on a racetrack
brings with it the	ne possibility that my motorcycle may be da	maged or destroyed due to the actions of myself
		armless Agreements I have signed mean that no
marrer wnar na	appens to my motorcycle, and no matter w	ny, it is my sole responsibility and tisk.
Date	Participant Signature	
	Acknowledgement Of Pers	sonal Injury Potential
	And Insurance Co	verage Limits
		stand that riding my motorcycle on a racetrack ue to the actions of myself or others. I further under-
_		ave signed mean that no matter what happens to
	· · · · · · · · · · · · · · · · · · ·	I further acknowledge that I have been informed
		the Team Hammer Advanced Riding School Pro
•		80 percent of medical bills up to \$5,000, with a
		ave primary medical insurance coverage, I am re-
•	ne deductible and 20 percent of medical b 30 and any ambulance ride charges.	ills up to \$5,000, as well as 100 percent of medical
	Participant Signature	
JGIO		
Team Hammer, li	Inc. P.O. Box 183, Wildomar, CA 92595 Phone (951)) 245-6414 FAX (951) 245-6417 school@teamhammer.com

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

, (Name Here)		, agree that as a condition of being allowed	to
participate in the		vent conducted by Team Hammer, Inc. under sa onal Speedway, all applicable ASRA/CCS rules ap	
	le ASRA/CCS rules include, bugulations and section 3.3.2 of	ut are not limited to, section 1.2.2 of General General Regulations:	
1.2.2 ASRA o Championsh limited to, tro	nip Cup Series or American Spor	vent any entrant or entrants from participating in tbike Racing Association event including, but no ools and actual competition. Likewise, the Refere competing.	†
abilities of ar health are st	e of intoxicants or drugs of any r ny participant from his/her norm	nature which could affect the mental or physical al capabilities when in good mental and physical said participant to be excluded from riding and	
Date	Participant Signature		
RISK ACKN I am in good illness includi Hammer Adv including CC Team Hamm lease and di	OWLEDGMENT, HOLD HARMI I health and have no physical of ing COVID-19, that would preve vanced Riding School & Pro Pra OVID-19 related to my participat her Advanced Riding School & F	TE DISEASE AND INFECTION ASSUMPTION OF LESS RELEASE AND LIABILITY WAIVER conditions or illness, nor have I been exposed to continuous or illness, nor have I been exposed to continuous or participating in or observing the Team ctice. I assume all risks of contracting any illnessing, observing or hanging out in the vicinity of the Pro Practice and staff and other participants, and in this document, as well as the ENTIRE WORLD, from	any m e d re-
Date	Printed Name	Participant Signature	
Date	Printed Name of Witness	Witnessed by	

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