



10590 Donald Rd. N.E.
Post Office Box 427
Donald, OR 97020-
Phone: 503-678-5525
Fax: 503-678-5525

Lawn Mower Racing Entry Form

Participant Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

Lawn Mower Entry Fees

Lawn Mower Racer.....\$25.00

Total: _____

Payment Credit Card or Check Options:

Credit Card#: _____
Expiration Date: _____
CVC Code: _____
Zip Code: _____

Remit Checks to: GK Machine
PO Box 427
Donald, OR 97020

I, _____ know that this activity carries risk to personal injury. I know there are hazards and risks, which in the combination with my action can cause me severe or fatal injury. I agree that I, and not GK Machine, Inc., its officers, directors, employees, volunteers, or any other officials of the event, am completely responsible for my safety while I participate in this event. I fully accept and assume all risks, whether before, during or after the GK Machine Mania events. All risks are acknowledged and understood by me. I am in sound medical condition, capable of participating in the event without risk to myself or to others. I, for myself and anyone acting on my behalf, waive, release, discharge, indemnify, covenant not to sue and agree to hold GK Machine, Inc., its insurers, all event sponsors, and all other personnel involved with this event harmless from any and all claims that may arise out of my participation in this event or in any activities associated with this event. In conjunction with the above, I, the undersigned agree to allow GK Machine, Inc. to use photos and/or videos taken at GK Machine Mania event for social media and promotional purposes. THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT HE/SHE HAS GIVEN UP RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

X _____
Signature Date

Payment Processing (GK Machine Fills this out):

Entered in Syspro Added to Participant List
 Processed CC/Deposited in Bank Confirmation Sent