Columbus-Lowndes Recreation Authority
DIXIE ROAD RACE
Columbus, Mississippi

PLEASE PRINT CLEARLY

Name	Home Phone	Cell Phone

Address	City	State & Zip

Age	Date of Birth	Driver's License Number

Email Address	Kart Number	Transponder Number

$60.00 Entry Fee Make checks payable to: DIXIE ROAD RACE

PLEASE NOTE: THE FOLLOWING CLASSES ARE NOT IN RUNNING ORDER
OPEN TIRE RULE IN ALL CLASSES

(Please mark the class you are entering)

"BIRTH CERTIFICATE REQUIRED FOR ALL JUNIOR CLASS REGISTRATIONS"

- ○ Clone Junior Flathead
- ○ Senior Animal- 375
- ○ Senior Flathead- 360
- ○ Yahama Pipe- 360
- ○ Yahama Can- 330
- ○ Clone Junior- 206-275 Gold Plate
- ○ Senior Clone- 385
- ○ Tag- 385 Masters
- ○ Shifter- 400 (125- 5 or 6 speed)

If I win or place in the race- Make my winning's check payable to:_____
(I.D. required for check pick up)

STATEMENT #1: I understand that I am not covered by any insurance policy owned by or supported by the Columbus-Lowndes Recreation Authority, volunteers, organizers, affiliates or associates which includes the City of Columbus, Mayor and City Council, County of Lowndes and Lowndes Board of Supervisors. I acknowledge and agree that for no reason, real or otherwise shall I hold the Columbus-Lowndes Recreation Authority, volunteers, organizers, affiliates or associates which includes the City of Columbus, Mayor and City Council, County of Lowndes and Lowndes Board of Supervisors responsible for any damages received by me, any of my associates or any of my affiliates, including any accident, injury or death while on the premises belonging to the Columbus-Lowndes Recreation Authority, City of Columbus and County of Lowndes where the race will be held.

_____ _____ _____

Printed Name Signature Date

I, the parent or guardian of the above named participant, hereby give my approval to participate in this race, practice and all activities involving the race. I have read and fully understand the above Statement #1 and I do hereby waive, release, absolve, indemnify and agree to hold harmless the CLRA, the staff and employees, organizers, sponsors, supervisors, participants and volunteers for any claim arising out of an injury to my child.

_____ _____ _____

Parent or Guardian Name Signature Date

Fax Form To: 662-329-5295 or Mail To: Dixie Road Race, P.O. Box 2648, Columbus, MS 39704