



# 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**  
(Please mark the class you are entering)

- |  |                            |   |
|--|----------------------------|---|
| <input type="radio"/> Junior Sportsman (Purple)  | 265 Lbs                    | <b><i>"BIRTH CERTIFICATE REQUIRED FOR ALL JUNIOR CLASS REGISTRATIONS"</i></b> |
| <input type="radio"/> Junior Sportsman (Blue)    | 290 Lbs                    |   |
| <input type="radio"/> Junior Restricted (Gold)   | 320 Lbs                    |   |
| <input type="radio"/> Clone                      | 350 Lbs L Head Stock Motor |   |
| <input type="radio"/> Briggs Animal              | 360 Lbs                    |   |
| <input type="radio"/> Yamaha 100 CC (Pipe Class) | 360 Lbs                    |   |
| <input type="radio"/> Briggs Heavy               | 375 Lbs L Head Stock Motor |   |
| <input type="radio"/> TAG Senior 16 & Older      | per WKA                    |   |
| <input type="radio"/> 125 Shifter                | 385 Lbs                    |   |

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