



San Diego County Motor Officers Association

2019

Police Motorcycle Training & Competition Application & Waiver

Whereas, I, (print name) _____, being over twenty-one (21) years of age and having requested to participate in the San Diego County Motors Officers Association Motorcycle Training and Competition being conducted by the San Diego County Sheriff's Department;

Whereas, the San Diego County Sheriff's Department is willing to allow me to participate in said training and competition on September 20-21, 2019 at the Del Mar Fairgrounds, Del Mar, California, I do hereby agree:

That I do hereby and for my heirs, executors, administrators, successors, and assigns, release, hold harmless and indemnify the City of Del Mar, the San Diego County Motor Officers Association and the 'Del Mar Fairgrounds' and all their members for any and all claims for injuries or illnesses incurred by me as a result of said training and competition.

And that, I do hereby and for my heirs, executors, administrators, successors, and assigns, release, hold harmless and indemnify the City of Del Mar, the San Diego County Motor Officers Association and the 'Del Mar Fairgrounds', and all their members for any and all claims of liability against me that might occur as a result of said training and competition.

The terms of this release are contractual and not merely recital.

I have read and fully understand the foregoing indemnification agreement and therefore, I am signing my name on the indemnification on this ____ day of _____, 2019.

(RIDER SIGNATURE)

Agency: _____

Address: _____

City/State/ZIP: _____

Work Ph: (_____) _____ Home Ph: (_____) _____

E-Mail: _____

Make & Model of Motorcycle(s): _____

In Case of Emergency – Notify:

Name/Relationship: _____

Address: _____

City/State/ZIP: _____

Phone: (_____) _____

Entry Fee: **\$75.00 (\$90.00 after Sept. 13th)** – includes: Rider Participation, Gift Bag, T-shirt, Dinner Ticket, Lunch Fri-Sat

Entry Fee: \$ _____

Additional Dinners Tickets ___ \$35 ea. \$ _____

Total Amount \$ _____

If paying by credit card:	
CC # _____	CVV# _____
Exp Date _____	Billing ZIP _____

Participant

Circle Shirt Size: Med L XL XXL 3XL

Make checks payable to: San Diego County Motor Officers Assn. (SDCMOA)
P.O. Box 232273
San Diego CA 92193-2273

Or email form to:
bob4614@sbcglobal.net

Bio Sheet

Entrants Name: _____

Agency _____

Nick Name: _____

Spouse Name: _____

Children: (names/ages): _____

Years on Department: _____ Years on Police Motorcycle: _____

Prior Awards in Police Motorcycle Competitions (years/events/awards): _____

Embarrassing Moments/Events on Police Motorcycle: _____

Other information you might like the public to know: _____
