

Driver #

# **WOOLLEY BOOGER RACING, LLC**

## **BULLDOG BITE STREET RACE DRIVERS RELEASE**

Name - As it appears on driver's license \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Verify car meets requirements Initials: \_\_\_\_\_

Class/Classes: \_\_\_\_\_

**\*PLEASE READ AND ACKNOWLEDGE\***

I UNDERSTAND THAT THE ACTIVITY I AM ABOUT TO PARTICIPATE IN IS INHERENTLY DANGEROUS AND COULD RESULT IN PERSONAL INJURY TO ME AS A DRIVER OR AN OBSERVER. I UNDERSTAND THAT EVERY EFFORT AND SAFETY PRECUATIONS ARE TAKEN TO INSURE MY SAFETY; HOWEVER, DUE TO THE NATURE OF THE ACTIVITY, I KNOW THAT THERE IS ALWAYS A POSSIBILITY OF INJURY OR DEATH. I AGREE TO ABIDE BY ALL SAFETY RULES AND REGULATIONS REQUIRED BY THE OFFICALS AND FACILITATORS. I UNDERSTAND THAT BY VOLUNTARILY PARTICIPATING IN THIS EVENT FOR WHICH I AM REGISTERING, I HEREBY RELEASE AND ANY ALL PARTICIPANTS, OFFICIALS, EVENT COORDINATORS, WOOLLEY BOOGER RACING LLC, CITY OF WAGONER OKLAHOMA, AND ANY EMERGENCY RESPONDERS FROM ANY LIABILITY FOR ANY DAMAGE DONE TO MY VEHICLE OR OTHER PERSONAL PROPERTY AS A RESULT OF MY PARTICIPATION IN THIS EVENT. I UNDERSTAND THAT MY PARTICIPATION IN THE EVENT MAY BE TERMINATED AT ANY TIME MY COOPERATION IS DEEMED UNSATISFACTORY TO ANY EVENT OFFICAL, STAFF, OR SECURITY. UPON DISMISSAL, ANY ENTRY FEES, IF APPLICABLE, ARE NON-REFUNDABLE.

Driver's Signature: \_\_\_\_\_

Parent/Guardian if driver is a minor: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Tag #: \_\_\_\_\_ Exp: \_\_\_\_\_

Verified By: \_\_\_\_\_

# **WOOLLEY BOOGER RACING, LLC**

## **BULLDOG BITE STREET RACE**

### **PARTICIPATION RELEASE**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Driver/Car  
Representing: \_\_\_\_\_

#### **\*PLEASE READ AND ACKNOWLEDGE\***

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Participants Signature: \_\_\_\_\_  
Parent/Guardian signature if a minor: \_\_\_\_\_  
Date: \_\_\_\_\_