

2011 DOCTOR GLASS
 "CASH FOR PODIUMS"



EVENT/SERIES APPLICATION FORM

NAME			
MA LICENSE			
POSTAL ADDRESS			
	STATE	POSTCODE	
PHONE NUMBER	PHONE	MOBILE	
EMAIL ADDRESS			
MOTORCYCLE/YEAR/MODEL			
FAIRING MODEL PURCHASED		DATE	/ /
EVENT/RACE SERIES			
EVENT/RACE SERIES WEBSITE			
EVENT/RACE SERIES ORGANIZER CONTACT DETAILS	NAME	PHONE	
EVENT/RACE SERIES APPROXIMATE ENTRIES			
ENTRANT NAME (Note: DR Glass must be included as part of the entrant name)			
EVENT/RACE SERIES ROUNDS/DATES	RND 1 LOCATION	DATE	/ /
	RND 2 LOCATION	DATE	/ /
	RND 3 LOCATION	DATE	/ /
	RND 4 LOCATION	DATE	/ /
	RND 5 LOCATION	DATE	/ /
	RND 6 LOCATION	DATE	/ /
	RND 7 LOCATION	DATE	/ /
	RND 8 LOCATION	DATE	/ /
	RND 9 LOCATION	DATE	/ /
	RND 10 LOCATION	DATE	/ /

I hereby declare that the above information I have supplied is true and correct.

NAME (Please print) _____ SIGNATURE _____ DATE ____ / ____ / ____

2011 DOCTOR GLASS "CASH FOR PODIUMS" RELEASE FORM



In consideration of being permitted to participate in the Doctor Glass "Cash for Podiums" program during the 2010 season,

I (PRINT NAME) _____

for myself, my successors, heirs and assigns, release and forever discharge Proven Imports PTY LTD/Roost Industries trading as Doctor Glass and its affiliates, agents and employees from all claims, actions or judgments I may have or claim to have against Proven Imports and related parties. I agree that I am responsible for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation on the Doctor Glass "Cash for Podiums" program for 2011.

I further agree for myself, my heirs and assigns to indemnify and hold Proven Imports PTY LTD/Roost Industries and related parties harmless from all claims and suits for personal injuries, including death, and damages to property caused by my act or omission arising out of my participation in the Doctor Glass "Cash for Podiums" program for 2011, and from all judgments recovered and from all expenses incurred in defending said claims or suits.

I further agree that without compensation, my name, as well as any photographs, pictures, slides or movies taken of myself or made in connection with my participation in the Doctor Glass "Cash for Podiums" program for 2011, or any reproduction from the same, may in any manner be used by Proven Imports PTY LTD/Roost Industries, or by any person, corporation or association authorized by Proven Imports PTY LTD/Roost Industries.

I am in good health and have no physical conditions that would prevent me from participating in motorcycle racing.

I understand that only certain race series are eligible for the Doctor Glass "Cash for Podiums" program. I agree to complete this application and submit it to Proven Imports PTY LTD/Roost Industries within 7 days of receipt of fairings to qualify for the program. I understand that it is my responsibility to resolve race result disputes with Motorcycling Australia before submission to Proven Imports PTY LTD/Roost Industries. Proven Imports PTY LTD/Roost Industries will only make payments based on results issued official governing bodies for said events/race series.

PLEASE PRINT CLEARLY

RIDER'S NAME			
ADDRESS			
		STATE	POSTCODE
DATE OF BIRTH	/	/	PHONE () MOBILE
EMAIL ADDRESS			
FAIRING MODEL PURCHASED		DATE OF PURCHASE / /	

PLEASE FAX BOTH COMPLETED FORMS TO:
ROOST INDUSTRIES
03 9876 0069
OR SCAN AND SEND TO
jake@roostindustries.com