

San Diego Miata Club Presents...

2010 World Cup Rally for Scholarships

WHEN: Sunday 6/13/2010
10:30am



Registration Form

Please mail completed form and payment by June 6 to:

SDMC World Cup Rally
c/o 1843 Da Gama Ct.
Escondido, CA 92026

June 13, 2010

Meet time: 10:30 AM at Westfield North County, Escondido

Entrant name: _____ \$ 40

Contact: (phone AND email) _____

of Passengers _____ (\$20 each for additional dinners) : \$ _____

Further donation to the Gregg M Garon Scholarship Fund \$ _____

(make check payable to: **GG Scholarship Fund/HelpisHere, Inc.**) **Total:** \$ _____

Make of car: _____ **COLOR:** _____ Model: _____

Year: _____ License: _____

Car club affiliation, if any: _____

If you are entering as a team, please list all other team members: _____

Preferred World Cup team/Country:

I agree, as a condition of my participation and in consideration thereof, to be solely responsible for any damage or injury to third parties or to myself resulting from anything connected with the event name above. I agree to fully indemnify and hold San Diego Miata Club, its officers and representatives harmless for or in any claim, loss, damage, injury or liability which may be asserted against them by me or by any third party as a result of my activity. The foregoing covenants of exculpation and indemnity are intended to be and are complete, general and without restriction and include but are not limited to negligence (active or passive) or willful, reckless or wanton activity. I further agree that a licensed driver will operate my vehicle and that the driver will comply with all applicable provisions of the California Vehicle Code. I further warrant that I carry automobile liability insurance on the vehicle to be used in the above named event, that meets or exceeds all California statutory requirements and liability insurance will be in full force and effective on the date of the above named event. I also agree that I will not participate in the above named event under the influence of any alcoholic beverages or drugs that would impair my ability to operate my vehicle.

Signature _____ Date _____

Contacts:

Dennis or Maryanne Garon at dmgaron@cox.net or wwggd68@yahoo.com or phone: (760)747-1115
or Steve Waid swaid@cox.net or (760) 432-0727