

## **2025 New England Sports Committee Moto-X Release\***

**\*IF YOU JOIN NESC AND DO NOT HAND OR MAIL IN THE NOTARIZED MINOR RELEASE FORM OR GIVE US A TRANSPONDER NUMBER, YOU WILL NOT EARN CHAMPIONSHIP POINTS OR BE ELIGIBLE FOR AWAARDS AND WILL NOT BE CONSIDERED A FULL MEMBER UNTILL YOU DO.**

All youth riders (18 and under) will be assigned numbers followed by a "y". You must use the "y" as part your number. Some vet riders will have a "V" assigned as part of their number. Y's and V's must appear on your bike plates. If your NESC card has a letter after the number, then you MUST use it.

**\*\*Copies of birth certificates/driver's licenses are only required for new applicants to the N.E.S.C. for 2025 who did not join in 2024. Please send only non-returnable copies.**

**\*\*FORMS RECEIVED WITHOUT PROOF OF AGE WILL NO BE PROCESSED.**

**\*\*\*False or misleading statements and or answers on this or any other entry or NESC form(s) may result in rider suspension and or disqualification. Rider classification changes made within other organizations must be reported in writing to the N.E.S.C. within 10 days of the change.**

The promoters and or the New England Sports Committee do not provide medical insurance coverage. Each participant must provide his/her own and must show written proof of such coverage to be eligible to ride. I agree to conform to and comply with all rules set forth by the New England Sports Committee ("NESC") and promoting organizations. I hereby release the NESC, its officers, members, agents, representatives, and officials. All events officials, and all promoting organizations and their respective members, officers and officials, the owner (s) of the premises, or any officers thereof, and other riders and mechanics, from any and all liability, loss, damage, costs, claims and or causes of action, including but not limited to all bodily injuries and property damage arising out of my participation in any event sanctioned by the NESC, and I assume responsibility for all expenses for physicians, ambulances, hospitals and other medical expenses and any other loss or injury to me and or personal property which I may sustain by reason of my participation in any NESC sanctioned event.

Riders First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_ Rider# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

(If under 18 must be signed by all parents or legal guardians and notarized) All information on this form is for the sole use of the New England Sports Committee and shall not be disclosed or used for any other purpose without express written consent of the NESC.

**This form must be notarized for all riders under 18 years old**

### **Parent. Guardian 1**

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_  
(Mother, Father, or Legal Guardian) circle one

I represent that I have sole legal custody or am sole legal parent of guardian of above named INITIAL HERE: \_\_\_\_\_

### **Parent Guardian 2**

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_  
(Mother, Father, or Legal Guardian) circle one

NOTARY PUBLIC SIGNATURE \_\_\_\_\_ NOTARY SEAL

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS.

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_\_\_\_

BEFORE ME PESONALLY APPEARED \_\_\_\_\_

TO ME KNOW TO BE THE PERSON (OR PERSONS) DESCRIBED IN AND WHO EXECUTED THE FORGOING INSTRUMENT, AND ACKNOWLEDGED THAT THEY EXECUTED THE SAME AS THEIR FREE ACT AND DEED.

**MAIL COMPLETED FORM TO: NESC PO Box 609 North Berwick, ME 03906**