

5th Annual Redneck Round-Up Motorcycle Barrel Race



Saturday, August 23rd, 2025

Qualifying Race Starts at: 6:00 PM

Top 4 in each category will run again during the Main Event.

Camp Verde Equestrian Center

1495 E. Hideout Arena Way, Camp Verde, AZ

Pay Out

1st Place – 50% of total entry fees for that class plus Possible Added Money

2nd Place – 30% of total entry fees for that class plus Possible Added Money

3rd Place – 20% of total entry fees for that class plus Possible Added Money

ENTRY FEES: (Top 4 to Main Event)

Limited to 12 in each class. Pre-Entry Closed on Aug. 22nd, 2025

Late Fee of \$20 for day of event entry.

Youth (15 yrs. and under (50cc – 65cc) \$50.00 submitted by Aug. 22nd, 2025

Youth (15 yrs. and under (85cc – 125cc) \$50.00 submitted by Aug. 22nd, 2025

250CC \$75.00 submitted by Aug. 22nd, 2025

450CC \$75.00 submitted by Aug. 22nd, 2025

4-Wheeler Motorcycle \$75.00 submitted by Aug. 22nd, 2025

Rules

A. There will be Five classes. Enter once in each class:

1. 15 years of age and younger: Two Classes: (50cc - 65cc & 85cc – 125cc)
2. 250cc
3. 450cc
4. 4-Wheeler Motorcycles

B. No warm-ups outside of arena or on the Camp Verde Equestrian Center Grounds

C. Push bikes to arena gate.

D. Standard Tires will be required. No paddled tires.

E. One mechanic with contestant allowed through contestant gate and in Pit Area.

\$30 for Additional Pit Passes

F. Helmet, boots, riding gear and long-sleeved shirt required.

G. Riders meeting 30 minutes prior to event. (5:30 pm by Arena Main Gate)

H. No alcohol prior to event.

I. Contestant understands that he/she is not covered under VACTE or Camp Verde Arena Association insurance.

J. Entry fee to be paid with entry form to confirm your spot in the 12 entries per group. 1st come 1st served.

Redneck Round-Up Motorcycle Barrel Race Registration Form

By registering, I confirm that I have read the rules and agree to abide by them.

Contestant's Name: _____

Mailing Address: _____ Email: _____

City/State/Zip: _____ Phone: _____

Classification: (Please select which one with an X) (Limit 12 in each group) Only enter Once in Each Class!

____ Youth 15 & under 50cc – 65cc Age as of Aug. 1st, 2025

____ Youth 15 & under 85cc – 125cc Age as of Aug. 1st, 2025

____ 250cc

____ 450cc

____ 4-Wheeler Motorcycle

ENTRY FEES:

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PAID BY CHECK: _____ CHECK#: _____

MAKE CHECKS PAYABLE TO: Bob Weir

Mail To: Bob Weir, 1951 Dodge Rd. Camp Verde, AZ 86322

PAID IN CASH: _____

TOTAL RECEIVED: _____

Participation Agreement, Release, and Acknowledgement of Risk

In consideration of the services of VACTE, Camp Verde Arena Association (CVAA) and Town of Camp Verde, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting on its behalf VACTE. I hereby agree to release and discharge VACTE, CVAA and Town of Camp Verde on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate, as follows:

I acknowledge that a MOTORCYCLE BARREL RACE entails known and anticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to my property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, VACTE/ CVAA volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree, and promise, to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless VACTE, CVAA. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, or my use of VACTE or CVAA equipment or facilities, including any such claims which allege negligent acts or emissions of VACTE or CVAA.

Should VACTE or CVAA, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity or else I am willing to assume, and bear the costs of, all risks that may be created, directly or indirectly, by any such condition.

In the event I file a lawsuit against VACTE or CVAA, I agree to do so solely in the State of Arizona, and I further agree that the substantive law of that State shall apply in that action without regard to the conflict of law rules of that State. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST VACTE, CVAA OR THE TOWN OF CAMP VERDE. ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED IT HEREIN.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____
Print Name _____
Address _____
Street City State Zip
Phone _____ Today's Date _____ Birth Date _____
Mo. Day Year

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by VACTE or CVAA to participate in its activities, and to use equipment and facilities, I further agree to indemnify and hold harmless VACTE, CVAA and the Town of Camp from any and all claims which are brought by, or on behalf of Minor which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian _____
Print Name: _____ Date: _____

NOTE: ALL SIGNATURES REQUIRE NOTARIZATION.

State of Arizona
County of Yavapai

The foregoing instrument was acknowledged before me this _____ day of _____ 20__ by _____.

Notary Public

My commission expires: _____