Redneck Round-UP Registration Form

A separate Registration Form must be filled out for each entry.

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

Contestant Name: _____

Mailing Address: _____Email: _____

City/State/Zip: Phone:	
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Demolition Derby Classification: (Please select which one with an X)

Full Size STREET STOCK C	ars
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____ Full Size Pickup Trucks

____Limited Weld Class

Vehicle Number, Make & Year: _____

DEMOLITION DERBY ENTRY FEES: All Vehicles:

Registration Per Vehicle:

\$50.00 if submitted by July 25th, 2025
\$75.00 if submitted from July 26th through the August 8th, 2025
\$125.00 from August 9th up to 3:30 PM on August 23rd, 2025

Motorcycle Barrel Race (Please select which one with an X)

Limited to 12 in each class. Pre-Entries close on Aug. 22nd, 2025 Late entry \$20 fee for day of event entry.

NO REGISTRATIONS AFTER 3:30 P.M.!

PAID BY CHECK: _____ CHECK#: _____

MAKE CHECKS PAYABLE TO: Bob Weir - VACTE 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 DEMOLITION DERBY 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 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 condition 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.

Signatur	e of Participa	ant			_						
Print Na	me										
Address											
	Street		City	State	Zip						
Phone		Today's Date		Birt	h Date						
					Mc	. Day Yea	ar				
		RDIAN'S ADDITION ed for participants und			ON						
equipme		ies, I further agree to i h are in any way conn	ndemnify an	d hold harm	less VACTI	, CVAA	and the				ties, and to use prought by, or or
Signatur	e of Parent o	r Guardian									
Print Na	me:			Date:				 	 		
NOTE:	ALL SIGNA	TURES REQUIRE N	OTARIZAT	ION.							
State of A County of	Arizona of Yavapai										
The f	oregoing inst	trument was acknowle	dged before	me this	day of	20	by	 	 ·		
My com	mission expi	res:		No	ary Public	<u>.</u>					