



US DESMO

DUCATI OWNERS CLUB

In Case Of Emergency

Your Name _____

Address _____

Phone _____

Allergies _____

Health Insurance Company _____

Policy # _____

Primary Care Physician (optional) _____

Please Notify In Case of Emergency:

Name _____

Address _____

Phone _____

Relationship to you _____

Did you come alone? _____ If yes where are you parked and where are your keys?

Please list information for contact where they can be reached THE EVENT DAY from 9am-6pm.

Turn over and fill out other side...



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Liability Release Waiver

Liability Release Waiver (Review and Signature Mandatory-All Riders)

I understand that DESMO TRACKS DAYS INC and or US DESMO INC cannot assume responsibility for any aspect of my safety while participating in a DESMO TRACK DAYS INC/US DESMO INC event, and if I choose to participate in a DESMO TRACK DAYS INC/US DESMO INC event, I do so voluntarily on my own assessment of my ability, the course, and all facilities and conditions, assuming all risk: and I release and hold DESMO TRACK DAYS INC and or US DESMO INC (including its officers, staff, officials, and other members) harmless for any injury or loss to my person or property which may result therefrom. I understand that this means that I agree not to sue DESMO TRACK DAYS INC and or US DESMO INC or any associated parties for any injury resulting to myself or my property at any such event.

Name (printed): _____

Signature: _____

Date: ____/____/____

Turn over and fill out other side...