



B.A.D.D. ENTRY FORM

Event/Date FEBRUARY 28TH & MARCH 1ST 2026

Authority: Held under the Regulations of the organizer and the Conditions stipulated by the BMF.

Organizer & Promoter: Barbados Association of Dragsters & Drifters Inc.

Event Name: : DRAG WARZ REMASTERED

RELEASE AND INDEMNITY

I understand and acknowledge that given the nature of the Event that there is a real possibility of my suffering personal injury, death, loss or damage to my property, damages loss or expense ("the risk") and I voluntarily accept such risk howsoever caused.

Furthermore, in consideration of the acceptance of this entry or of my being permitted to take part in this Event, I hereby release and discharge and agree to save harmless and keep indemnified, the organizer and promoter of the event and their respective officials, servants, representatives and agents, owners and/or Lessees of the land, sponsors, and owners and drivers and mechanics of vehicles, motor cycles, ATVs and karts from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property suffered by myself in connection with or during the Event and howsoever arising or caused and notwithstanding that the same may have been contributed to or caused by the negligence of the aforesaid persons their servants or agents.

I understand and agree to be bound by the regulations of the organizer (which I hereby declare that I have read and understood) and to act in accordance with the instructions of the officials. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I further declare that the vehicle and/or motor cycle and/or ATV and/or kart entered is suitable and roadworthy for the Event having regard to the course and speeds that will be reached. **I also declare that I have read and understand these Conditions of Release and Indemnity.**

PLEASE PRINT ALL ANSWERS

Driver's Name: _____ Competition # _____ Blood Group: _____

Temporary Membership Required YES NO

Address: _____ BMF Licence #: _____

Telephone# (H) _____ (W) _____ (C) _____

E:Mail: _____

In case of emergency notify: _____ Telephone #: _____

Vehicle details: MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____

FWD RWD 4WD N/A NITROUS FORCED INDUCTION CCs

FUEL TYPE _____ (e.g METHANOL, E85, 109, Q16, PUMP GAS)

SPONSORS _____

Signature: _____ **Signature of parent or guardian**
if person is under 18 years

OFFICIAL USE ONLY

Date & Time of entry: _____ Fees received: Entry: _____ Insurance: _____ Receipt # _____