

**BRUTE HORSEPOWER SHOOTOUT
PARTICIPANT FORM**

NAME: _____ DATE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MOTORCYCLE MAKE: _____ MODEL: _____

VEHICLE ID NUMBER: _____ YEAR: _____

LICENSE PLATE NUMBERS: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING:

I understand that by signing this waiver, I hereby release and waive any and all claims against the WyoTech, Corinthian Colleges Inc. and its affiliates and subsidiaries, the contest sponsors, contest operators, and all other involved personnel and companies, relating to or resulting from any injury, including death, or any damages to persons or property caused by direct or indirect participation in or observance of the Brute Horsepower Shootout TM.

I have read and fully understand ALL of the contest rules and regulations and attest that I am in full compliance with ALL said regulations.

SIGNATURE: _____