

Registered Racer's Name: \_\_\_\_\_



## SPONSORED RIDER AFFIDAVIT

If the motorcycle raced upon is owned by an individual other than the registered racer, the owner of the motorcycle (the "sponsor") must complete this Sponsored Rider Affidavit.

Sponsor must complete the following:

I have agreed to sponsor the rider listed on this form. I am the registered owner of the vehicle and understand that no additional person(s) other than the racer indicated will be paid contingency from Suzuki Motor of America, Inc.

Registered Owner's Name \_\_\_\_\_ Signature \_\_\_\_\_

Registered Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Suzuki Model Year \_\_\_\_\_ Suzuki Model Name \_\_\_\_\_

VIN# \_\_\_\_\_

**For additional motorcycle(s) to be used in competition by the previous listed racer, please complete the following. Attach additional pages as necessary.**

Suzuki Model Year \_\_\_\_\_ Suzuki Model Name \_\_\_\_\_

VIN# \_\_\_\_\_

Racer's name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED BY PARENT/GUARDIAN ONLY IF VEHICLE OWNER/SPONSOR IS UNDER 18**

I certify that I am the parent or guardian of the individual who owns the previously listed motorcycle(s). I, ON BEHALF OF MY MINOR CHILD, HAVE READ AND UNDERSTAND THE FOREGOING, AND AGREE TO ITS TERMS.

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PLEASE MAIL COMPLETED FORM TO: SUZUKI MOTORCYCLE CONTINGENCY · 3251 E. Imperial Highway · Brea, CA 92821 OR FAX TO: (714) 996-4545