

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 understand that no additional person(s) other than the racer indicated will be paid contingency from Suzuki Motor USA, LLC.

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

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

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

Suzuki Model Year _____ Suzuki Model Name _____ VIN# _____
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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# _____
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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 AGREED TO ITS TERMS.

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

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

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SEND COMPLETED FORM TO: [MCContin@suz.com](mailto:MCContin@suz.com), OR MAIL TO: SUZUKI MOTORCYCLE CONTINGENCY – 3251 E. Imperial Hwy, Brea, CA 92821, OR FAX TO: (714) 996-4545 ATTN: SUZUKI MOTORCYCLE CONTINGENCY