



2003 LICENSE APPLICATION

SS #: Birth Date: Age:

Name:

Address:

City: State:

Zip: Home Phone

License Type Amateur Expert Work Phone

E-mail

RENEWAL I am an experienced racer, last licensed by _____ Year Competition #

NEW RACERS List schools taken or being taken: (Name, Date, Track) _____

Do you have Medical Insurance? Yes No Company & Policy # _____

Any unusual medical conditions? _____

RELEASE: I, hereby release, and agree to hold harmless the Championship Cup Series, Formula USA, SFX Motor Sports Inc. d/b/a Clear Channel Entertainment-Motor Sports, SFX Entertainment, Inc. d/b/a Clear Channel Entertainment, Clear Channel Communications, Inc., HD Promotions, Central Motorcycle Roadracing Association, Grand Prix and Production Racers Organization Inc., Loudon Road Race Series, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Frank Kinsey Racing School, Visionsports Racing School, Longevity Racing School, Shogun Motorsports, the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the 2003 Championship Cup Series / Formula USA Rules and Regulations and any Special Regulations in all participation with this license. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a competition license: I also agree that any images taken of or by myself may be used by CMRA for promotional purposes without restriction.

Applicant's Signature: _____ Date: _____

2003 License Fees: \$100 from 1/1/03 to 7/1/03 \$65 after 7/2/03 to 8/31/03 \$25 after 9/1/03 to 12/31/03

Mail with Check to CMRA, PO Box 123888, Fort Worth TX 76121-3888 Check Number _____ or

Visa Master Card Discover Amex Expiration:

Card Number: - -

Card Holder Name



TEMPORARY LICENSE



The following is to be completed by an Official only

Name: _____ Status: _____ Comp # _____

Fee: _____ Payment Method _____ Official: _____ Date: _____

Note: Provisional Amateurs must meet the following obligations and turn in this Temporary License when complete.

School Taken (Date and Track) _____

Cornerworking: 1st Day: _____ 2nd Day _____

Races Finished: 1st Weekend _____ 2nd Weekend _____