



2019 ANNUAL EMERGENCY CONTACT FORM INSTRUCTIONS

This form is included with your license or membership application package.
Use this stand-alone form if you need to submit revised emergency contact information.

1. Fill in all spaces completely. **It is important that you print clearly and precisely.** Incomplete or illegible applications will not be processed until all information has been received.
2. **READ THE RELEASE AND AGREEMENT.**
3. Print the forms. Use 'print to fit' setting, verify that all text is visible on your printed form.
4. Sign and date the form. 'Electronic' signature is not allowed – you must sign the form manually.

The completed form may be mailed to: **CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710**

The completed form may be emailed to: **admin@cmraracing.com**

- Email attachments must be PDF format scans of the forms and must not be embedded in the body of the email; photos of forms are not acceptable and will be rejected

All participants are strongly encouraged to carry personal identification, emergency contact and medical condition information on their person at all times, including when on the track in competition.

Questions? Call 817-570-9779. Office hours are M-F, 9:00 a.m. - 4:30 p.m. Central Time. If you have any specific requests or questions, enclose a note with your forms.

PRINT LAST NAME: _____
PRINT FIRST NAME: _____

2019 rev 0



Central Motorcycle Roadracing Association, Inc.

2019 ANNUAL EMERGENCY CONTACT FORM

The CMRA will attempt to provide this form to emergency personnel if you are transported to a treatment facility. One of the emergency contacts listed on this form should be a person authorized to make medical decisions on your behalf if you are unable to make those decisions yourself.

INFORMATION ABOUT MEMBER

Birth Date: _____ Age: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Primary Phone #: _____ Alternate Phone #: _____
Email: _____

FIRST EMERGENCY CONTACT

Relationship to Member: _____
Name: _____
Primary Phone #: _____ 1st Alternate Phone #: _____
2nd Alternate Phone #: _____ 3rd Alternate Phone #: _____

SECOND EMERGENCY CONTACT

Relationship to Member: _____
Name: _____
Primary Phone #: _____ 1st Alternate Phone #: _____
2nd Alternate Phone #: _____ 3rd Alternate Phone #: _____

▶▶▶ **READ THIS RELEASE AND AGREEMENT** ◀◀◀

RELEASE: APPLICANT, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN: (a) **RELEASES**; (b) **DISCHARGES**; (c) **PROMISES NOT TO SUE**; (d) **INDEMNIFIES**; and (e) **HOLDS HARMLESS** the following: THE CENTRAL MOTORCYCLE ROADRACING ASSOCIATION, INC. ("CMRA") OR ANY AFFILIATE OR RELATED COMPANY, MEMBER, DIRECTOR, OFFICER, EMPLOYEE, OR AGENT; and ANY RACING ASSOCIATIONS OR SANCTIONING ORGANIZATION, PROMOTERS, SPONSORS, ADVERTISERS, TRACK OPERATORS, TRACK OWNERS, OWNERS OR LESSEES OR LESSORS OF THE PREMISES, NON-CMRA OFFICIALS; and ANY PARTICIPATING INDIVIDUALS OR TEAMS, MOTORCYCLE OWNERS, TEAM OWNERS, RIDERS, PIT CREWS; and RESCUE PERSONNEL, CORNER WORKERS, INSPECTORS, CONSULTANTS, SECURITY PERSONNEL; and EACH OF THEM AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (All of those described in the foregoing paragraphs are hereinafter referred to as the "Releasees") FROM: ANY AND ALL LIABILITY OF ANY NATURE, WHETHER FOR PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH ARISING OUT OF, CONNECTED WITH OR RELATED IN ANY WAY TO THE CONDUCT OF ANY EVENT, WHETHER OR NOT SUCH PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH WAS CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE, ERRORS, MALFEASANCE, MISFEASANCE, STRICT LIABILITY, OR FAULT OF THE RELEASEES, RELEASORS OR OTHERWISE.

AGREEMENT: By my signature below, I hereby agree to the above terms and further agree to be bound by the 2019 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2019 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or other uses, without restriction.

SIGNATURE: _____ **DATE:** _____

CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710 • 817-570-9779
Alex Howard, Administrator
Walter Walker, Director of Competition, Cell 254-717-6848