



# 2019 EVENT STAFF APPLICATION with 2019 ANNUAL EMERGENCY CONTACT FORM and 2019 ASSOCIATE MEMBERSHIP APPLICATION INSTRUCTIONS

**PRINT NEATLY.** Fill out all spaces on both the 2019 STAFF APPLICATION and the 2019 ANNUAL EMERGENCY CONTACT FORM completely. It is important that you print clearly and precisely. **Incomplete or illegible applications will not be processed until all information has been received.**

1. **Applicant information:** Alternate phone # is optional, all other information is **required**.
  - First time applicants must attach proof of age documentation
  - If under age 18 on date application is signed you must attach the separate MINOR RELEASE FORM which is available from the CMRA office or on the Forms page of the website. **Both parent's or all guardian's signatures required on the MINOR RELEASE FORM, please contact the CMRA office if you have questions about this or any other requirement.**
2. **Areas of Ability or Interest:** Check as many as apply.
3. **READ THE TERMS OF RELATIONSHIP AND AGREEMENT.**
4. **READ THE RELEASE AND AGREEMENT.**
5. **2019 ANNUAL EMERGENCY CONTACT FORM:** This form must be submitted with your Event Staff Application. 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**
6. All Event Staff is required to hold membership in the CMRA. If not already holding a 2019 Competition License or 2019 Associate Membership you must complete the **2019 ASSOCIATE MEMBERSHIP APPLICATION** and submit it with your Event Staff Application.
  - **ASSOCIATE MEMBERSHIP FEE: Do NOT check any box – Associate Membership is provided at no charge for Event Staff**
  - You may select the optional Roadracing World® magazine subscription but must pay for that
  - **PAYMENT METHOD: Do NOT complete this section** even if selecting the optional Roadracing World® magazine subscription. The CMRA will contact you for any required payment IF you are offered and accept an Event Staff position.
7. Print the forms. Use 'print to fit' setting, verify that all text is visible on your printed forms.
8. Sign and date ALL Forms. 'Electronic' signature is not allowed – you must sign the forms manually.

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

Applications 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

**Thank you for your interest in serving as CMRA Event Staff. IF the CMRA elects to offer you an Event Staff position you will be contacted for further discussion. IF and only if the CMRA offers you an Event Staff position and you accept that position, then any Associate Membership Application included with this submittal will be processed.**

**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.



# 2019 EVENT STAFF APPLICATION

First time applicants: copy of driver's license, birth certificate or other proof of age must be attached to this application

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ (If applicant is under 18 years of age, the separate MINOR RELEASE FORM must be Signed by both parents or all guardians, notarized, and attached to this application)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Please Check Your Areas of Ability or Interest:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Announcer             | <input type="checkbox"/> Front Gate     | <input type="checkbox"/> Race Control  | <input type="checkbox"/> Runner             |
| <input type="checkbox"/> Corner Marshall       | <input type="checkbox"/> Grid Marshall  | <input type="checkbox"/> Race Director | <input type="checkbox"/> Electronic Scoring |
| <input type="checkbox"/> Recovery Truck / Crew | <input type="checkbox"/> Registration   | <input type="checkbox"/> Starter       | <input type="checkbox"/> Pit Steward        |
| <input type="checkbox"/> Rover                 | <input type="checkbox"/> Tech Inspector |  |   |

Other: \_\_\_\_\_

**▶▶▶ READ THESE TERMS OF RELATIONSHIP AND AGREEMENT ◀◀◀**

**NO WORKMAN'S COMPENSATION:** I am aware that as an official or race day staff member of the CMRA, I am working as a volunteer or as contract labor and that no Workman's Compensation is provided.

**NO WITHHOLDING:** I am aware that if compensated for my services as contract labor: (a) the CMRA will not withhold any amount for any Income Tax or Social Security Tax; (b) the CMRA will report my compensation to the IRS if and as required by law; (c) the CMRA will provide a 1099 form if and as required by law; (d) I am solely responsible for determining the tax implications of any compensation I may receive from the CMRA.

**NO GUARANTEE OF RETENTION:** I am aware that the CMRA may not require, not request, not renew, or may terminate my services as a volunteer or as contract labor at any time for whatever reason it deems appropriate.

**AGREEMENT:** By my signature below, I hereby agree to the above terms.

**▶▶▶ 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:** \_\_\_\_\_

<b>CMRA Use Only</b>		
<input type="checkbox"/> Minor	<input type="checkbox"/> Release Rec'd	<input type="checkbox"/> AEC Form Received
		<input type="checkbox"/> Associate / License App. Received
<b>APPLICANT SOCIAL SECURITY NUMBER:</b> _____ - _____ - _____		
Date Rec'd: _____	Primary Position Assignment: _____	Date Assigned: _____

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 #: \_\_\_\_\_ 1<sup>st</sup> Alternate Phone #: \_\_\_\_\_  
2<sup>nd</sup> Alternate Phone #: \_\_\_\_\_ 3<sup>rd</sup> Alternate Phone #: \_\_\_\_\_

## SECOND EMERGENCY CONTACT

Relationship to Member: \_\_\_\_\_  
Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ 1<sup>st</sup> Alternate Phone #: \_\_\_\_\_  
2<sup>nd</sup> Alternate Phone #: \_\_\_\_\_ 3<sup>rd</sup> Alternate Phone #: \_\_\_\_\_

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

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**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