



2019 ASSOCIATE MEMBERSHIP APPLICATION with 2019 ANNUAL EMERGENCY CONTACT FORM INSTRUCTIONS

PRINT NEATLY. Fill out all spaces on both the 2019 ASSOCIATE MEMBERSHIP 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. **READ THE RELEASE AND AGREEMENT.**
3. **ASSOCIATE MEMBERSHIP FEE:** Check one box as appropriate.
 - You may apply for 10-year membership at the start of your 11th year. If this is your first year to apply for the 10-year Member option, you must attach proof of paid, **continuous** membership up through 2018 for 10 years; **this is required, no exceptions.**
4. **PAYMENT METHOD:** "CVV2" refers to the 3 or 4-digit code on the back of your credit card and is required.
5. **2019 ANNUAL EMERGENCY CONTACT FORM:** This form must be submitted with your Associate Membership 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. Print the forms. Use 'print to fit' setting, verify that all text is visible on your printed forms.
7. Sign and date the Associate Membership Application **and** the Emergency Contact Form. 'Electronic' signature is not allowed – you must sign the forms manually.

Applications with check or money order payments should be mailed to: **CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710**

Applications with credit card payments may be emailed to: **admin@cmracing.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
- Note that email is not a secure method of transmitting credit card information.

Checks and credit cards will not be deposited or charged until January 2, 2019. Please be sure that your credit card info is current and has an available balance on January 2, 2019. Declined credit cards will cause your application to be moved out of line and into the pending folder until updated payment information has been received.

Your Associate Membership Card can be picked up at the next race event after your application is submitted. **One parent or guardian who signed the MINOR RELEASE FORM must accompany minors when they pick up their Associate Membership Card.**

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 ASSOCIATE MEMBERSHIP APPLICATION

The CMRA, at its sole discretion, reserves the right to refuse the issuance or renewal of CMRA membership to any person for whatever reason it deems appropriate

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: _____

►►► **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:** _____

ASSOCIATE MEMBERSHIP FEE: (all memberships expire 12/31/2019)

\$80 before 6/17/19 \$50 on or after 6/17/19 \$50 10-year Member (see instructions for details)

Please add \$30 for a 2-Year Subscription to Roadracing World® magazine

PAYMENT METHOD: Check #: _____ Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: ____ / ____ CVV2 Code: _____

Printed Cardholder Name: _____ Cardholder Signature: _____ Date: _____

CMRA Use Only

Minor Release Rec'd

Date Rec'd: _____ Date Paid: _____ Entered in Scoring System Entered in Financial System

PRINT LAST NAME: _____
PRINT FIRST NAME: _____

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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** ◀◀◀

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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