



**PRINT ALL INFORMATION NEATLY**

**Member Last Name:**

**Member First Name:**



**CENTRAL MOTORCYCLE ROADRACING ASSOCIATION**  
**2010 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:

Address:

City:                      State:

Zip:         Day Phone #:

Home Phone #:         Cell Phone #:

**FIRST EMERGENCY CONTACT**

Relationship:

Name:

Day Phone #:         Cell Phone #:

Home Phone #:         Other Phone #:

**SECOND EMERGENCY CONTACT**

Relationship:

Name:

Day Phone #:         Cell Phone #:

Home Phone #:         Other Phone #:

**READ THIS RELEASE**

**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 ("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 abide by the 2010 Rules and Regulations and any Special Regulations of CMRA in all aspects of participation under this license. I certify that the above information regarding my age, identify, and experience is true and freely given for the purpose of obtaining a competition license and/or membership. 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:** \_\_\_\_\_