CENTRAL MOTORCYCLE ROADRACING ASSOCIATION

2011 STAFF APPLICATION

COPY OF DRIVER'S LICENSE, BIRTH CERTIFICATE OR OTHER PROOF OF AGE MUST BE ATTACHED TO THIS APPLICATION

Social Security #: ☐☐☐-☐☐-☐☐☐☐ Birth date: ☐☐-☐☐-☐☐ Age: ☐☐

Name:

Address:

City: State:

Zip: ☐☐☐☐☐-☐☐☐☐ Home Phone: ☐☐☐-☐☐☐-☐☐☐☐

Work Phone # ☐☐☐-☐☐☐-☐☐☐☐ Cell Phone: ☐☐☐-☐☐☐-☐☐☐☐

E-mail:

Please Check Your Areas of Ability or Interest

☐ **Announcer**	☐ **Front Gate**	☐ **Race Control**	☐ **Runner**
☐ **Corner Marshall**	☐ **Grid Marshall**	☐ **Race Director**	☐ **Manual Scoring**
☐ **Crash Truck**	☐ **Merchandise**	☐ **Registration**	☐ **Starter**
☐ **Electronic Scoring**	☐ **Pit Steward**	☐ **Rover**	☐ **Tech Inspector**

☐ **Other:** ____

READ THIS RELEASE

RELEASE: APPLICANT, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, AND HEIRS: (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, OFFICIAL, RACE DAY STAFF MEMBER, 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 AND THE PERSONAL REPRESENTATIVES, HEIRS AND SUCCESSORS OF THE FOREGOING (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 2011 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 an assignment to a staff position with the CMRA. 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.

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.**

*SIGNATURE:*____ *DATE:*____________

(If applicant is under 18 years of age, the separate MINOR RELEASE FORM must be completed and notarized)

CMRA - PO Box 101177 – Ft Worth, Texas 76185-1177 – Ph: 817-570-9779 – Fax: 1-888-334-0166