



2020 ANNUAL EMERGENCY CONTACT FORM INSTRUCTIONS

This form is included with your license 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 ALL Forms. 'Electronic' signatures are allowed using the signature function in [Adobe Acrobat Reader](#). **Cut and paste signatures will not be accepted.**

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: _____

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Central Motorcycle Roadracing Association, Inc.

2020 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 LICENSE HOLDER

Birth Date: _____ Age: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____

FIRST EMERGENCY CONTACT

Relationship to license holder: _____

Name: _____

Primary Phone #: _____ 1st Alternate Phone #: _____

2nd Alternate Phone #: _____ 3rd Alternate Phone #: _____

SECOND EMERGENCY CONTACT

Relationship to license holder: _____

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, COMPETITION LICENSE HOLDER, NON-COMPETITION LICENSE HOLDER, 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 2020 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 2020 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