



2020 EVENT STAFF APPLICATION 2020 ANNUAL EMERGENCY CONTACT FORM 2020 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT 2020 NON-COMPETITION LICENSE APPLICATION INSTRUCTIONS

PRINT NEATLY. Fill out all spaces on the 2020 STAFF APPLICATION the 2020 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT and the 2020 ANNUAL EMERGENCY CONTACT FORM completely. All forms are now fillable. If filled out by hand 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 2020 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** This form must be submitted with your Event Staff Application.
5. **2020 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 either a CMRA Competition License or Non-Competition License. If not already holding a 2020 Competition License or 2020 Non-Competition License you must complete the **2020 NON-COMPETITION LICENSE APPLICATION** and submit it with your Event Staff Application.
 - **NON-COMPETITION LICENSE FEE: Do NOT check any box – Non-Competition License 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' signatures are allowed using the signature function in [Adobe Acrobat Reader](#). Cut and paste signatures will not be accepted.

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

Applications may be emailed to: walter@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 Non-Competition License application included with this submittal will be processed.

Questions? Call 254-717-6848. 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.

2020 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, 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 Use Only

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



2020 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF SCHEDULED EVENT(S)

All Central Motorcycle Roadracing Association (CMRA) events held at Hallett Motor Racing Circuit in Hallett Oklahoma, Motorsport Ranch in Cresson Texas, MSR Houston in Angleton Texas, NOLA Motorsport Park in Avondale Louisiana from January 1, 2020 to December 31, 2020

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREAS (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. **ACKNOWLEDGES, AGREES, AND REPRESENTS** that he/she has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she enters, and he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. **I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Central Motorcycle Roadracing Association (CMRA), its direct or indirect interest holders, its parent, subsidiary and affiliated entities, its and their Competition License holders, Non-competition License holders, employees, the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, motorcycle owners, team owners, riders, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their respective directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," **FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE ACTS OR OMISSIONS OF ANY OF THE RELEASEES, STRICT LIABILITY OF ANY OF THE RELEASEES, OR THE NEGLIGENCE OF ANY OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO THE SOLE NEGLIGENCE OF ANY OF THE RELEASEES, THE CONCURRENT NEGLIGENCE OF ANY OF THE RELEASEES OR THE NEGLIGENT RESCUE BY ANY OF THE RELEASEES, OR OTHERWISE.**
3. **I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the Releasees and each of them **FROM ANY LOSS, LIABILITY, DAMAGE, OR COST** they may incur arising out of or related to the EVENT(S) **WHETHER CAUSED BY THE ACTS OR OMISSIONS OF ANY OF THE RELEASEES, THE STRICT LIABILITY OF ANY OF THE RELEASEES, OR THE NEGLIGENCE OF ANY OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO THE SOLE NEGLIGENCE OF ANY OF THE RELEASEES, THE CONCURRENT NEGLIGENCE OF ANY OF THE RELEASEES OR THE NEGLIGENT RESCUE BY ANY OF THE RELEASEES, OR OTHERWISE.**
4. **I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** arising out of or related to the EVENT(S) **whether caused by the ACTS OR OMISSIONS OF ANY OF THE RELEASEES, THE STRICT LIABILITY OF ANY OF THE RELEASEES, OR THE NEGLIGENCE OF ANY OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO THE SOLE NEGLIGENCE OF ANY OF THE RELEASEES, THE CONCURRENT NEGLIGENCE OF ANY OF THE RELEASEES OR THE NEGLIGENT RESCUE BY ANY OF THE RELEASEES, or otherwise.**
5. **I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS** and involve the risk of serious injury and/or death and/or property damage. **I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.**
6. **I HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING BUT NOT LIMITED TO THE NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Electronic signatures are allowed using the signature function in [Adobe Acrobat Reader](#). Cut and paste signatures will not be accepted.

SIGNATURE: _____ DATE: _____

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

2020 CMRA Staff Availability Form

This information is requested to help us ensure complete staffing for all events. Please indicate your availability to work each event date below.

Please contact Walter or Alex *As Soon As Possible* if there is any change to your availability status for any date.

Name: _____ Date Submitted: _____

Event	Day and Date	Check ONE Box for Each Date		
		Definitely Available	Maybe / Tentative / Not Sure	Definitely NOT Available
MSRH February 14-16	Friday 2/14			
	Saturday 2/15			
	Sunday 2/16			
NOLA March 13-15	Friday 3/13			
	Saturday 3/14			
	Sunday 3/15			
MSRH April 24-26	Friday 4/24			
	Saturday 4/25			
	Sunday 4/26			
Hallett May 22-24	Friday 5/22			
	Saturday 5/23			
	Sunday 5/24			
MSRH June 19-21	Friday 6/19			
	Saturday 6/20			
	Sunday 6/21			
MSR July 24-26	Friday 7/24			
	Saturday 7/25			
	Sunday 7/26			
MSR August 28-30	Friday 8/28			
	Saturday 8/29			
	Sunday 8/30			
Hallett September 25-27	Friday 9/25			
	Saturday 9/26			
	Sunday 9/27			
MSRH October 23-25	Friday 10/23			
	Saturday 10/24			
	Sunday 10/25			