



WASHINGTON MOTORCYCLE ROAD RACING ASSOCIATION

www.wmrra.com

2017 Race License, Membership, & New Racer Application Form

Instructions

- Complete all information (Incomplete Applications will not be processed)
- Make check payable to: **WMRRA**
- Riders **must** sign the back of both pages (3 Signatures total)
- Return this application & medical form along with payment to the address, fax or email below.

Mail to: **WMRRA Registration**

PO Box 94323
Seattle, WA 98124

Registration Fax: 1.206.374.2854

Registration eMail: registration@wmrra.com

For Club Use Only

Date Rec'd: _____

Amt. Rec'd: _____

Credit Cash

Check # _____

2016 Race # _____

2017 Race # _____

License Types & Fees

Race License & Membership \$ 150.00
(Expert or Novice Race License, Membership, & Gate Pass)

New Racer License Package \$ 299.00
(New Novice Race License, Membership, Gate Pass, WMRRA Classroom, Track Training, & First Race)

Membership Only \$ 50.00
(Not a race license, membership with club voting rights)

Weekend Race License \$ 40.00
(Good Sat/Sun for a Single Race Weekend. Must have proof of racing experience)

2 Digit (6-99) Out of State Number Reserve \$ 100.00
(Must have proof of racing experience)

3 Digit (100-799) Out of State Number Reserve \$ 30.00
(Must have proof of racing experience)

Optional Fees

2 Year Subscription to Roadracing World \$ 30.00
(A \$39.95 value, save \$9.95)

Season Gate Pass - \$100 ea QTY ____ x \$100 \$ _____.00
(Valid at all WMRRA events. A \$20 Savings over paying at the track)
(Attach sheet listing names for each additional Gate Pass)

Total Payment Enclosed \$ _____.00

Number Preference

Last Year's No. _____

This application must be received by Feb. 15, 2017 to retain last year's number.

Retain Last Year's No.

New number preferences:

1st 2nd 3rd

4th 5th 6th

New Racer School Dates:

March 11, 2017 - 12pm to 5pm
Lawless Harley Davidson
3715 East Valley Road
Renton, WA 98057

June 2017 - To Be Announced

Payment Method

Visa MC Check # _____ Cash

Card #: _____ - _____ - _____ - _____ CVV: _____

Signature: _____ Exp. Date: _____

signature authorizes WMRRA to run your credit card for the Total Payment Enclosed amount above

Membership Contact Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ email _____

Who referred or encouraged you to join WMRRA _____

Volunteer

WMRRA is a volunteer not-for-profit association registered with the State of Washington for the purposes of promoting motorcycle road racing and other activities. We need your help! If you can volunteer, please mark the categories below that interest you!

Corner Working

Promotions

Registration

Tech Inspection

Newsletter

Banquet

Race Day

Scoring

Air Fence

Other: _____

You must complete and sign all 4 pages of this application completely if you are applying for a race license. Your application will be placed on hold until a completed one is received. You must also keep a copy of the Medical form in your leathers at all times.

IMPORTANT: All race license applicants. Read and sign all pages!

IMPORTANT!

ALL RACE LICENSE APPLICANTS READ THIS CAREFULLY BEFORE SIGNING!

In consideration of the granting to me of a WMRRR road race competition license by the Washington Motorcycle Road Racing Association (hereafter referred to as the WMRRR) and in consideration of the promotion and operation for my benefit of road race events by the WMRRR and on consideration of the granting of permission to me to enter, use and remain on the track facilities and/or premises of which these events take place by the owners and/or representative thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold harmless and indemnify the WMRRR, the owners and/or representatives of the aforesaid track facilities and/or premises as well as the directors, officers, agents, employees and/or members of all of them, of and from all liability, loss claims, demands and possible causes of action that otherwise accrue from loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with, or related to any event, and whether arising while engaged in competition or in practice or in preparation thereof, or while upon entering or departing from said track facilities and/or premises, from any cause whatsoever, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

I understand that motorcycle road racing competition can constitute a hazardous activity and that, by reason of my application for a WMRRR road race competition license and/or my participation in or presence at any competition event, I am assuming all hazards and risks relating thereto.

I agree that the WMRRR may use my pictures and my name (including pictures taken at any event or pictures of my racing equipment) for any purpose in any media.

I agree to abide by the WMRRR competition rules at the events to which they apply and to respect the authority of the race meet officials at all WMRRR events.

I have read this application in its entirety and stipulate, under penalty of perjury, that all statistical information set forth herein by me is true and complete.

I hereby confirm, consent and agree to the foregoing.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Parent*: _____
* Guardian or person having legal custody of applicant

WMRRR reserves the right to refuse anyone a racing license for reasonable and justifiable cause.

Members acknowledge that other racing organizations will be notified of any suspension/revoked-racing license. By submitting the racing license application and/or submitting a race entry form the racer agrees to all the conditions contained in these by-laws and rulebook.

IF APPLICANT IS A MINOR, APPLICATION MUST BE NOTARIZED

On this day personally appeared before me _____ to me known to be the individual described in and who executed within the foregoing instrument and acknowledgment that _____ signed the _____ free and voluntary act and deed, for the purpose therein mentioned.

Given under my hand and official seal this ____ day of _____, _____.

Commission Expires _____

Notary Public

**REMEMBER TO INCLUDE YOUR PAYMENT.
BE SURE THAT THIS APPLICATION/MEDICAL FORM IS SIGNED ON ALL PAGES.
MAIL TO ADDRESS SHOWN ON FRONT SIDE OF THIS FORM UNDER "INSTRUCTIONS."**

For Office Use Only. Date Form Filed: _____

Medical Information & Treatment Authorization Form

Instructions: Please type or print legibly. Complete all information and sign the back. Make a copy for your leathers. An up-to-date medical form MUST be on file with the registrar or you will not be allowed to race.

Personal Information

Name		
Address		Apt #
City	State	Zip
Cell Phone	Work Phone	Home Phone
Age	Date of Birth	email

Past Surgeries

List any of your operations and what year the procedure was done on you:

Emergency Contact: Person to be notified in the case you are injured

Name		
Address		Apt #
City	State	Zip
Cell Phone	Work Phone	Home Phone
Relationship to you		Their email

Medical Information

Medical Insurance Company		Policy Number	Med Ins. Co. Phone
Blood Type	Date of Last Tetanus Shot	Known Allergies to Medicine	
Contact Lenses?	Dentures?	Diabetic?	Epileptic?
Your Physician's Name			Physician's Phone
Physician's Address			Suite
City		State	Zip

Send or Fax with Membership Application to:

WMRRA Registration
PO Box 94323
Seattle, WA 98124

Fax: must dial 1.206.374.2854
eMail: registration@wmrra.com

PLEASE KEEP A COPY OF THIS MEDICAL FORM IN YOUR LEATHERS AT ALL TIMES

READ CAREFULLY, SIGN PART A OR PART B, BUT NOT BOTH & INSURANCE INFO.

PART A

Consent and Authorization for Medical, Hospital, and/or Dental Services

The undersigned, on behalf of himself/herself, or minor, if applicable, hereby authorizes and consents to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care, to be rendered under the general or specific supervision and upon advice of a physician and surgeon licensed in the State of Washington or Oregon where applicable, and does hereby authorize and consent to any x-ray examination, anesthetic, dental or surgical diagnosis, treatment and hospital care, to be rendered by a dentist licensed in the State of Washington or Oregon where applicable.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
Parent, Guardian, or person having legal custody of Rider (if Minor)

PART B

Note: If you DO NOT wish to authorize emergency medical treatment per the provisions of this agreement, please sign below.

I have read and understood the above Consent and Authorization for Medical, Hospital, and/or Dental Service and decline to accept the terms and conditions thereof.

I hereby confirm, consent, and agree to the foregoing.

Date: _____ Signature of Rider: _____

If the rider is a minor a signature of the parent or Guardian is required.

Date: _____ Signature of Guardian: _____
of Parent, Guardian, or person having legal custody of Rider (if Minor)

Your future is at stake. Do not risk it without Proper Insurance!

We are all aware of the fact that every time we race we risk our lives and we risk the possibility that we could obtain substantial injuries so severe that our lives will change forever.

The medical bills alone from catastrophic injuries can approach \$500,000 to \$1,000,000. If you can't afford these kinds of bills and you either do not have health insurance or you do not have health insurance that covers racing injuries, you may not be able to have surgery that will dramatically improve your quality of life or to correct a disfigurement. It means that you might also lose everything you own and have to declare bankruptcy.

- *Do not count on NOT being injured.
- *Do not count on someone else to take care of you.
- *Be responsible.
- *Take responsibility for yourself and your loved ones.
- *Get appropriate health insurance.

You should also know that it is not enough just to have health insurance. Many policies exclude coverage for injuries sustained in events such as motorcycle racing.

You also need to know that merely because your health insurance has covered treatment expenses for past racing injuries does not guarantee that such injuries will be covered in the future.

Check your policy carefully and talk with your insurer if necessary to make sure that injuries you sustain in motorcycle racing will be covered. Don't gamble with your future.

I have received and read a copy of this document.

Date: _____ Signed: _____