

2009 OREGON MOTORCYCLE ROADRACING ASSOCIATION

Membership/Competition License Application

Instructions:

- Read everything before you sign, **this is a release form.**
- Return membership application along with medical form and check, money order, or credit card info to:

OMRRA
 7420 SW 77th Ave.
 Portland, OR 97223
 or fax (for credit cards only) to:
 503-439-6279

<input type="checkbox"/> Novice	<input type="checkbox"/> Renewal
<input type="checkbox"/> New rider to OMRRA	
This years number preferences: 1st _____ 2nd _____ 3rd _____	
Last years number*	
*This application MUST BE RECEIVED BY FEBRUARY 15TH to retain last years number	

Do you want to receive the OMRRA newsletter electronically ONLY? If so, please check the box below, and fill in a valid email address, and you can save some trees as well as money for postage!

It is your responsibility to inform the OMRRA office if and when your email address changes.

Yes! Electronic Newsletter!

<p>FEES</p> <p>Racer Membership \$ 85 Membership/Competition License, rulebook, newsletter and voting privileges -Or- Membership \$ 30 Newsletter and voting privileges.</p> <p>Signature _____</p> <p>Visa/MC # _____ Exp. Date (required) _____</p> <p>Other race licenses you hold (or have held) _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">Name (Preferred Name to use)</td></tr> <tr><td colspan="3">Address</td></tr> <tr> <td>City</td> <td>State</td> <td>Zip/Postal Code</td> </tr> <tr> <td>Home Phone</td> <td colspan="2">Work Phone</td> </tr> <tr><td colspan="3">E-Mail Address</td></tr> <tr> <td>Age</td> <td colspan="2">Date of Birth</td> </tr> <tr> <td colspan="3">Have you raced before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last race _____</td> </tr> </table>	Name (Preferred Name to use)			Address			City	State	Zip/Postal Code	Home Phone	Work Phone		E-Mail Address			Age	Date of Birth		Have you raced before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last race _____		
Name (Preferred Name to use)																						
Address																						
City	State	Zip/Postal Code																				
Home Phone	Work Phone																					
E-Mail Address																						
Age	Date of Birth																					
Have you raced before? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last race _____																						

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING RELEASE!
Your application cannot be processed without your signature and initials!

In consideration of the granting to me of a road race competition license by the Oregon Motorcycle RoadRacing Association (hereafter referred to as the OMRRA); and in consideration of promotion and operation for my benefit of road race events by the OMRRA; and in consideration of the granting of permission to me to enter, use and remain on the track facilities and/or premises at which these events take place by the owners and/or representatives thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold harmless and indemnify the OMRRA, 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 might 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 racing competition can constitute a hazardous activity and that, by reason of my application for an OMRRA 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 OMRRA 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 OMRRA competition rules at the events to which they apply and to respect the authority of race meet officials at all events.

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

Initial here (required) (_____).

Signature of applicant (required) _____ Date _____

I hereby confirm, consent and agree to the foregoing.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2009.

Signature of parent, guardian or person having legal custody _____ Date _____
 if applicant is under 18 yrs of age.

X _____
 Signature Notary Public, if required State of _____

My commission expires _____.

Note: If applicant is a minor, the signature must be notarized