

# 2006 Corner Marshal Forms Packet

The four attached forms **must** be completed before you start working as a corner marshal with the MRA. Each one serves a different purpose and is used by different people within the MRA.

Please take your time to fill them out completely and legibly, **PRINT** all the information (*except your signature*). Various people must be able to read the forms. If we can't read the information on the forms, you won't be paid, and it may hinder our ability to render medical aid if necessary.

***The information you provide on all these forms is held in strict confidence and will never be released to any outside interest or person.***

Here is a brief description of each form and what it is used for:

## **1. Corner Marshal Data Sheet.**

This is used by the Crew Coordinator and Head Corner Marshal to keep track of who is registered to work on the crew. Your address and contact information is used to contact you (email, postal, phone) for disseminating information related to MRA Corner Crew activities.

## **2. IRS Form W-9**

This form is needed by the MRA treasurer because the IRS requires the MRA to report the Taxpayer Identification Number (Social Security Number) for anyone they pay money to. Corner workers are not direct employees of the MRA and are paid as independent contractors. If you earn over \$600 during the year, the MRA is required to send you a 1099 form and report your earnings to the IRS. If you earn less than \$600 then you will not receive a 1099. In either case, you are expected to include funds paid to you by the MRA on your annual federal tax return. These IRS rules affect corner crew in all road racing associations across the country. --Funds paid to you for reimbursement of Hotel/Lodging expenses are not included in the reportable payments, as these monies are paid as direct reimbursement for your expenses.

## **3. Release and Waiver of Liability**

The fact that motorcycle racing can be dangerous must be understood and accepted by all who participate at road racing events. There is exposure to personal injury simply because of the proximity to the racetrack, fast-moving vehicles, and incidents that occur in the normal course of racing. The release and waiver of liability form is required by the MRA's insurance underwriter.

## **4. Medical Treatment Authorization Form**

In the rare event you are injured and medical aid is required, the medical treatment form gives the MRA and ambulance crew permission to treat you. It provides vital information that may affect your treatment. And it lists the person(s) that you wish to be contacted in the event you are injured. This form is also required by the MRA's insurance underwriter.

Attachments:

1. Corner Marshal Data Sheet
2. IRS Form W-9 (substitute)
3. Release and Waiver of Liability
4. Medical Treatment Authorization

# MRA Corner Marshal Data Sheet

Please **Print** All Information Clearly!!

## Your Contact Information

<b>First Name:</b>	<b>Address:</b>
<b>Last Name:</b>	<b>City:</b>
<b>Middle Initial:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Home Phone:</b>	
<b>Work Phone:</b>	<b>Years Experience</b> <i>as a Corner Marshal</i>
<b>Cell Phone:</b>	<b>How many races have you worked before?</b> (estimate) _____
<b>Email:</b>	<b>T-Shirt Size:</b> (circle one) <b>S M L XL XXL XXXL</b>
	<b>T-Shirt Preference:</b> ___Long Sleeve ___Short Sleeve

## Who Should We Contact in an Emergency?

<b>Name:</b>	<b>Address:</b>
<b>Relationship:</b> <small>(Spouse, Parent, Sibling, Significant Other, etc)</small>	<b>City:</b>
<b>Phone 1:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Phone 2:</b>	

*The information you provide on this form is held in strict confidence and will never be released to any outside interest.*

Form **W9**  
(Substitute)

**Request for Taxpayer Identification  
Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Part I -- Taxpayer Identification Number (TIN)**

For individuals this is your Social Security Number

Social Security Number

Enter in the boxes to the right:

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**Part II -- Certification**

Under penalties of perjury, I certify that: **1.** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and 2.** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and 3.** I am a U.S. person (including a U.S. resident alien).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Purpose of Form**

The Motorcycle Roadracing Association (MRA), the requester, is required to file an information return with the IRS and must obtain your correct taxpayer identification number (TIN) to report income paid to you.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required, or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

**What is backup withholding?**

Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, **non-employee pay**, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**ANNUAL PARTICIPANT RELEASE  
WAIVER OF LIABILITY, ASSUMPTION OF RISK  
AND INDEMNITY AGREEMENT**

**IN CONSIDERATION OF** my being granted a membership, license and / or competition privileges in the MOTORCYCLE ROADRACING ASSOCIATION, INC. d/b/a/ MRA sanctioned EVENT (S), as a participant or being permitted to compete, practice, officiate, observe, work for, or for any purpose participate in a capacity in future EVENT (S), or being permitted to enter for any purpose in any capacity any RESTRICTED AREAS (defined as any area requiring special authorization, credentials, or permission to enter any area to which admission by the general public is restricted or prohibited), I on behalf of myself , my personal representatives, spouse, assigns, heirs, and next of kin.

**1. ACKNOWLEDGE, AGREE AND REPRESENT** that I have or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS, which I enter and future agree and warrant that, if at any time, I am in or about any RESTRICTED AREAS and I feel anything to be unsafe, I will immediately advise the officials of such and will leave the RESTRICTED AREAS and / or refuse to participate further in the EVENT (S).

**2. HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** the ASSOCIATION, AMA, the promoters, organizers, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials and their assistants, motorcycle owners, riders, pit crews, rescue personnel, any persons in any RESTRICTED AREAS, sponsors, advertisers, owners, lessees, designers, and constructors 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), all owners, lessees, manufacturers, distributors, wholesalers, retailers, designers, inspectors, and sponsors of all racing motorcycles and racing and other equipment on the premises during any EVENT(S), and all other persons, firms, or corporations insured by any liability policy procured by or on behalf of the MRA or and EVENT (S) organizers, promoters, sponsors, or teams and each of them, their directors, officers, agents, and employees all for the purpose herein referred to as the RELEASEES, FROM ALL LIABILITY TO ME, my personal representative, spouse, assigns, heirs and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO ME OR MY PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE EVENT (S), from any cause whatsoever, including without limitation, the failure of anyone to enforce rules and regulations, the failure to make inspections, the condition of any portion of the track or premises, defective products and any act or omission of the RELEASEES or any of them or any other act WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE AND WHETHER OR NOT OCCURRING IN THE RESTRICTED AREAS.

**3. 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 due to claims brought against the RELEASEES arising out of my injury or death while I am in the RESTRICTED AREAS and / or while competing, practicing, officiating, observing or working for or any other purpose participation in the EVENT (S) and whether caused by the negligence of the RELEASEES or otherwise.

**4. 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 NEGLIGENCE OF THE RELESEES OR OTHERWISE.

**5. HEREBY ACKNOWLEDGE THAT THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS** and involve risk of serious injury and /or death and /or property damage. I also expressly acknowledge the INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENCE RECUSE OPERATIONS OR PROCEDURES OF THE RELEASEES

**6. HEREBY AGREE THAT THIS PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENCE RESCUE OPERATIONS. And is intended to be as broad and inclusive as is permitted by the laws of the Municipality, State, and / or Country 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.

7. HEREBY AGREE this Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation and shall be in force and effect for all EVENT (S).

8. ACKNOWLEDGE AND AGREE THAT THERE ARE NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, APPLICABLE TO ANY RACING MOTORCYCLE, PARTS, EQUIPMENT, ACCESSORIES, INSTRUMENTS, COMPONENTS, OR OTHER PRODUCTS OR GOODS USED IN ANY MANNER WHATEVER IN OR RELATED TO ANY SANCTIONED EVENT REGARDLESS OF THE SOURCE OF SUCH GOODS AND I HEREBY WAIVE ALL REMEDIES, WARRANTIES, GUARANTEES OR LIABILITIES, EXPRESSED OR IMPLIED, ARISING BY LAW OR OTHERWISE, INCLUDING ALL CONSEQUENTIAL DAMAGES, WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF THE SUPPLIER OF SUCH GOODS OR ANY OTHER PERSON, ON ACCOUNT OF DEATH OR INJURY TO PERSON OR PROPERTY CAUSED BY OR RESULTING FROM THE MANUFACTURE, CONSTRUCTION DESIGN, FORMULAS, DEVELOPMENT OR STANDARDS. WARNING, INSTRUCTION, MARKETING, ADVERTISING, PACKAGING OR LABELING OF ANY SUCH PRODUCT OR COMPONENT OF A PRODUCT.

I HAVE READ THIS PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY 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.

I HAVE READ AND VOLUNTARILY SIGN THE PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and further agree that no oral representation, statements, or inducements apart from the forgoing written agreement have been made.

I FURTHER ACKNOWLEDGE that this license/credential has been issued by MRA for the exclusive use by me. The holder agrees to act in accordance with the MRA Rulebook and agrees to abide by any amendments or supplemental rules. Transfer or misuse of this license/credential is cause for revocation.

**APPLICANT LEGAL SIGNATURE** \_\_\_\_\_

**APPLICANT PRINTED NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTICE, IF CONSIDERED A MINOR IN THE STATE OF RESIDENCE**

(i.e., under the age of 21 or 18 as applicable), this application must bear the notarized signature of parent or legal guardian which shall acknowledge a waiver and release of any all claims such parent or legal guardian may have.

Parent or Legal Guardian Signature \_\_\_\_\_

Parent or Legal Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ County, \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_



# 2006 MEDICAL INFORMATION AND TREATMENT RELEASE



Name:

Address:

City:  State:  Zip:

Phone (home):  Age:  AMA #

**Emergency Contact Information** I have listed additional contacts on the back of this form

Name:

Address:

City:  State:  Zip:

Phone:  Relationship:

**Insurance Information**

Company:

Phone:  Group / Plan:

Policy / ID:

**Medical History**

If you have a medical condition you would like to keep confidential that a MRA official should know about prior to any treatment, please talk to the MRA President or Vice President.

Drug Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Taking Insulin	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Contact Lenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures or Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Head Injuries? Date? \_\_\_\_\_

Other Injuries? Date? \_\_\_\_\_

I hereby certify that the statements made in this application are complete, true and correct to the best of my knowledge. I understand that I have a continuing obligation to report to an officer of the MRA any information of a nature that may affect my ability to compete in MRA sponsored events. I further understand that misstatements made in this application may result in revocation of my competition license and/or suspension from MRA sponsored events.

In addition, the undersigned consents to be given medical services at the scene of the emergency, said scene shall include trackside site of the incident causing the emergency and any first-aid or emergency medical services facility located at racing facility. The undersigned understands that such emergency medical services will be rendered in accordance with and reliance on various Colorado statues designed to encourage the giving of emergency medical services without liability for civil damages.

X \_\_\_\_\_ DATE \_\_\_\_\_  
PARTICIPANT SIGNATURE

X \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN OR PERSON WITH LEGAL CUSTODY IS REQUIRED IF PARTICIPANT IS A MINOR. I HERBY CONFIRM, CONSENT AND AGREE TO THE FORGOING.