

2010 MRA Season Shirt



\$15 EA
LIMITED SUPPLY!

**PRICE AT TRACK
 WILL BE \$20, SO
 ORDER YOURS
 BY APRIL 10TH
 AND SAVE!**

**PICK-UP AT MRA
 RACE EVENT ONLY!
 NO SHIPPING.**

YES! I WANT A 2010 RACE SEASON SHIRT...

<u>QTY</u>	<u>SIZE (CIRCLE)</u>				
_____	S M L XL 2X 3X	X \$15	=	_____	
_____	S M L XL 2X 3X	X \$15	=	_____	
_____	S M L XL 2X 3X	X \$15	=	_____	
_____	S M L XL 2X 3X	X \$15	=	_____	
_____	S M L XL 2X 3X	X \$15	=	_____	
				TOTAL:	_____

**MAIL THIS ORDER FORM AND CHECK/MONEY ORDER TO:
 IDAFAB CMS 7482 PATRICK TRAIL ELIZABETH, CO 80107
 OR PAYPAL TO MRA21@HOTMAIL.COM WITH DETAILS OF ORDER.**

PLEASE PROVIDE YOUR CONTACT INFORMATION BELOW:
 NAME: _____
 MRA BIKE #: _____
 PHONE: _____
 E-MAIL: _____



2010 MRA RACE SCHOOL APPLICATION PACKET

In addition to this letter, this school application packet contains the following:

- 1) Race School Application:** Use this form to register for an MRA race school. If you intend to race with the MRA you need to purchase a Competition License, which will be issued once you have successfully completed the race school. If you purchase a Competition License you are also eligible to purchase Crew Passes. If you choose not to race, but would like to become a member of the MRA, which includes spectator access to the races, apply for an Associate Membership. Do not apply for both a Competition License and an Associate Membership on one form. If additional forms are needed download the form from the mra-racing.org website.
- 2) Annual Participant Release Waiver:** All applicants must sign and return the 'Annual Participant Release Waiver of Liability, Assumption of Risk and Indemnity Agreement' form. Applications that do not contain a signed 'Annual Participant Release Waiver of Liability, Assumption of Risk and Indemnity Agreement' form will not be processed. If the applicant is considered a minor in their state of residence, the 'Annual Participant Release Waiver of Liability, Assumption of Risk and Indemnity Agreement' form must bear the notarized signature of a parent or legal guardian.
- 3) 2010 Medical Information and Treatment Release:** All applicants must complete, sign, and return a '2010 Medical Information and Treatment Release' form. NOTE: Applications that do not contain a completed and signed '2010 Medical Information and Treatment Release' form will not be processed.

Return everything to the MRA for processing. Mail all applicable forms (see 1, 2, and 3 above) along with your payment to: MRA c/o Scott Rybarik VP 157 W Hawthorne Street, Milliken, CO 80543. DO NOT MAIL YOUR APPLICATION TO THE MRA POST OFFICE BOX!

If you have any questions, please contact Scott Rybarik, MRA VP at 720-988-9828

2010 MRA Race Schedule (Subject to Change)

Classroom	April 9	School Only	TBA – Both school sessions attend
School #1	April 10	School Only	High Plains Raceway (Saturday Only)
School #2	April 11	School Only	High Plains Raceway (Sunday Only)
Race #1	May 1-2	Practice/Races	High Plains Raceway
Race #2	May 22-23	Practice/Races	Pikes Peak International Raceway
Race #3	June 12-13	Practice/Races	High Plains Raceway
Race #4	July 10-11	Practice/Races	Pueblo Motorsports Park
Race #5	July 31- Aug 1	Practice/Races	High Plains Raceway
Race #6	August 28-29	Practice/Races	High Plains Raceway
Race #7	September 18-19	Practice/Races	Pueblo Motorsports Park
Race #8	October 9-10	Practice/Races	High Plains Raceway

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 RELEASEES 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 NEGLIGENT RESCUE 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 NEGLIGENT 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** _____

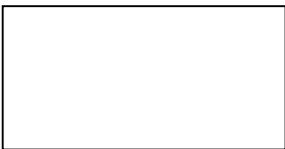
Subscribed and sworn before me _____ on this ____ day of _____, 20____

Notary Public _____ County, _____ State of _____

My Commission Expires _____



2010 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.