2019 TRACK DAY LICENSE APPLICATION

Please print clearly and legibly:

Drivers License # ☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Birth Date: ☐☐-☐☐-☐☐

Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip: ☐☐☐☐☐

Phone #: ☐☐☐-☐☐☐-☐☐☐☐ Daytime Phone #: ☐☐☐-☐☐☐-☐☐☐☐

Westhold Transponder # ☐☐☐☐☐☐☐ Additional Transponder # ☐☐☐☐☐☐☐

Personal Medical Insurance? Yes (   ) No (   ) Company Name:_____________ Policy Number:_________________

E-Mail: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Emergency Contact: ______________________________ Emergency Phone # ______________________________

AMA Member Number: ☐☐☐ ☐☐☐☐ EXP DATE: ☐☐-☐☐

Have you ever attended a Track day? ☐ No ☐ Yes if yes, number of Track days attended? ______

Have you ever attended a motorcycle school? ☐ No ☐ Yes -Type of school, ☐ Riding Or ☐ Racing

If Yes, date, location, name of school:_____________________________________

Do you have a current race license? ☐ No ☐ Yes Comp #: ☐☐☐ Status: ☐ Expert ☐ Amateur

Organization: ____ Exp. date: ☐☐ / ☐☐

READ THIS RELEASE

RELEASE AND ASSUMPTION OF RISK: I, hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, American Sportbike Racing Association L.L.C., HD Promotions, Loudon Road Race Series, New Hampshire Motor Speedway Inc., Daytona International Speedway LLC, United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Penguin Racing School, Longevity Racing School, Team Hammer Inc., the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the current Championship Cup Series and ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this application. I hereby agree to allow my likeness to be used for promotional purposes by the Championship Cup Series, the ASRA Championship Series and their affiliates without any further compensation to myself. I hereby agree to surrender a complete unedited copy of any and all video to ASRA/CCS immediately upon request. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a track day license:

APPLICANT SIGNATURE:________________________________ Date:____________,2019

For office use only below this point.

Received: ☐☐-☐☐-☐☐ Clerk Initials: ☐☐☐ Temporary # Assigned ☐☐☐ Region **TD**