



2020 TRACK DAY LICENSE APPLICATION



Please print clearly and legibly:

Driver's 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:** _____, 20____

For office use only below this point.

Received: _____ Clerk Initials: _____ Temporary # Assigned _____ Region **TD**