



# 2024 NON-COMPETITION LICENSE APPLICATION with 2024 ANNUAL EMERGENCY CONTACT FORM INSTRUCTIONS

**PRINT NEATLY.** Fill out all spaces on both the 2024 CMRA NON-COMPETITION LICENSE APPLICATION and the 2024 ANNUAL EMERGENCY CONTACT FORM completely. It is important that you print clearly and precisely. **Incomplete or illegible applications will not be processed until all information has been received.**

- 1. Applicant information:** Alternate phone # is optional, all other information is required.
  - First time applicants must attach proof of age documentation
  - If under age 18 on date application is signed you must attach the separate MINOR RELEASE FORM which is available from the CMRA office or on the [LICENSE AND TEAM REGISTRATION FORMS](#) page of the website. **Both parent's or all guardian's signatures required on the MINOR RELEASE FORM, please contact the CMRA office if you have questions about this or any other requirement.**
- 2. READ THE RELEASE AND AGREEMENT.**
- 3. NON-COMPETITION LICENSE FEE:** Check one box as appropriate.
  - **Non- Competition License renewals received before 12/1/23 will be \$110. Non- Competition License renewals received on or after 12/1/23 (TBA).**
  - You may apply for 10-year Non-Competition License at the start of your 11<sup>th</sup> year. If this is your first year to apply for the 10-year Non-Competition License option, you must attach proof of paid, **continuous** Non-Competition License up through 2023 for 10 years; **this is required, no exceptions.**
- 4. PAYMENT METHOD:** "CVV2" refers to the 3 or 4-digit code on the back of your credit card and is required.
- 5. 2024 ANNUAL EMERGENCY CONTACT FORM:** **This form must be submitted with your CMRA Non-Competition License Application.** The CMRA will attempt to provide this form to emergency personnel if you are transported to a treatment facility. **One of the emergency contacts listed on this form should be a person authorized to make medical decisions on your behalf if you are unable to make those decisions yourself.**
- 6.** Print the forms. Use 'print to fit' setting, verify that all text is visible on your printed forms.
- 7.** Sign and date the CMRA Non-Competition License Application **and** the Emergency Contact Form. **'Electronic' signatures are allowed.**

Applications with check or money order payments should be mailed to: **CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710**

Applications with credit card payments may be emailed to: <mailto:registration@cmracing.com>

- Email attachments must be PDF format scans of the forms and must not be embedded in the body of the email; photos (JPEG etc.) of forms are not acceptable and will be rejected
- Note that email is not a secure method of transmitting credit card information.

**Checks and credit cards WILL BE deposited or charged immediately upon receipt. Please be sure that your credit card info is current and has an available balance. Declined credit cards will cause your application to be moved out of line and into the pending folder until updated payment information has been received.**

Your Non-Competition License card can be picked up at the next race event after your application is submitted. **One parent or guardian who signed the MINOR RELEASE FORM must accompany minors when they pick up their Non-Competition License card.**

**Questions?** Call 817-570-9779. Office hours are M-F, 9:00 a.m. - 5:00 p.m. Central Time. If you have any specific requests or questions, enclose a note with your forms.



# 2024 NON-COMPETITION LICENSE APPLICATION

The CMRA, at its sole discretion, reserves the right to refuse the issuance or renewal of CMRA Non-Competition License to any person for whatever reason it deems appropriate

First time applicants: copy of driver's license, birth certificate or other proof of age must be attached to this application

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ (If applicant is under 18 years of age, the separate MINOR RELEASE FORM must be signed by both parents or all guardians, notarized, and attached to this application)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### ▶▶▶ READ THIS RELEASE AND AGREEMENT ◀◀◀

**RELEASE: APPLICANT**, ON BEHALF OF HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN: (a) **RELEASES**; (b) **DISCHARGES**; (c) **PROMISES NOT TO SUE**; (d) **INDEMNIFIES**; and (e) **HOLDS HARMLESS** the following: THE CENTRAL MOTORCYCLE ROADRACING ASSOCIATION, INC. ("CMRA") OR ANY AFFILIATE OR RELATED COMPANY, COMPETITION LICENSE HOLDER, NON-COMPETITION LICENSE HOLDER, DIRECTOR, OFFICER, EMPLOYEE, OR AGENT; and ANY RACING ASSOCIATIONS OR SANCTIONING ORGANIZATION, PROMOTERS, SPONSORS, ADVERTISERS, TRACK OPERATORS, TRACK OWNERS, OWNERS OR LESSEES OR LESSORS OF THE PREMISES, NON-CMRA OFFICIALS; and ANY PARTICIPATING INDIVIDUALS OR TEAMS, MOTORCYCLE OWNERS, TEAM OWNERS, RIDERS, PIT CREWS; and RESCUE PERSONNEL, CORNER WORKERS, INSPECTORS, CONSULTANTS, SECURITY PERSONNEL; and EACH OF THEM AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES (All of those described in the foregoing paragraphs are hereinafter referred to as the "Releasees") FROM: ANY AND ALL LIABILITY OF ANY NATURE, WHETHER FOR PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH ARISING OUT OF, CONNECTED WITH OR RELATED IN ANY WAY TO THE CONDUCT OF ANY EVENT, WHETHER OR NOT SUCH PROPERTY DAMAGE OR PERSONAL INJURY INCLUDING DEATH WAS CAUSED BY THE SOLE OR CONCURRENT NEGLIGENCE, ERRORS, MALFEASANCE, MISFEASANCE, STRICT LIABILITY, OR FAULT OF THE RELEASEES, RELEASORS OR OTHERWISE.

**AGREEMENT:** By my signature below, I hereby agree to the above terms and further agree to be bound by the 2024 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2024 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, *or other uses, without restriction.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NON-COMPETITION LICENSE FEE:** (all Non-Competition Licenses expire 12/31/2024)

\$110 before 12/1/23       \$80 before 12/1/23 10-year Non-Competition License (see instructions for details)

Please add \$30 for a 2-Year Subscription to Roadracing World® magazine

### 2024 NON-COMPETITION LICENSE FEES TO BE ANNOUNCED

**PAYMENT METHOD:**  Check #: \_\_\_\_\_  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CVV2 Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Cardholder Name: \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

| CMRA Use Only                  |  |  |  |
|--------------------------------|--|--|--|
| <input type="checkbox"/> Minor | <input type="checkbox"/> Release Rec'd | <input type="checkbox"/> Entered in Scoring System | <input type="checkbox"/> Entered in Financial System |
| Date Rec'd: _____              | Date Paid: _____                       |  |  |

PRINT LAST NAME: \_\_\_\_\_  
PRINT FIRST NAME: \_\_\_\_\_

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Central Motorcycle Roadracing Association, Inc.

# 2024 ANNUAL EMERGENCY CONTACT FORM

The CMRA will attempt to provide this form to emergency personnel if you are transported to a treatment facility. One of the emergency contacts listed on this form should be a person authorized to make medical decisions on your behalf if you are unable to make those decisions yourself.

## INFORMATION ABOUT LICENSE HOLDER

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

## FIRST EMERGENCY CONTACT

Relationship to license holder: \_\_\_\_\_  
Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ 1st Alternate Phone #: \_\_\_\_\_  
2nd Alternate Phone #: \_\_\_\_\_ 3rd Alternate Phone #: \_\_\_\_\_

## SECOND EMERGENCY CONTACT

Relationship to license holder: \_\_\_\_\_  
Name: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ 1st Alternate Phone #: \_\_\_\_\_  
2nd Alternate Phone #: \_\_\_\_\_ 3rd Alternate Phone #: \_\_\_\_\_

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**AGREEMENT:** By my signature below, I hereby agree to the above terms and further agree to be bound by the 2024 Rules and Regulations (and all amendments throughout the year) and any Special Regulations of CMRA in all aspects of participation under this agreement. I certify that I have received a copy of the CMRA 2024 Rules and Regulations and that any information regarding my age, identify, and experience is true and freely given for the purpose of competing in this event. I also agree that any images, photographic or otherwise, of me or any property belonging to me or by myself or others may be used by CMRA for its purposes, whether promotional, advertising, or other uses, without restriction.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CMRA • 5900 Franklin Ave Unit 36 • Waco, Texas 76710 • 817-570-9779  
Autumn Walker, Administrator  
Walter Walker, Director of Competition, Cell 254-717-6848