



Date received (office use only): _____

OREGON MOTORCYCLE ROAD RACING ASSOCIATION 2017 Visiting Racer Form

1. PERSONAL INFORMATION:

Name:	Phone: ()
Address:	Email:
City, State, Zip:	Date of Birth:

2. LICENSE INFORMATION:

Check the box of your current Race Organization:

AFM AHRMA AMA CCS/ASRA CMRA CRA CVMA FIM MotoAmerica

MRA SMRI USPGRU USBA WERA WMRRA WSMC SRA

Please write in your current Race Number: _____

Novice or Expert (please check one)

You will need to present your current race license to pick up racing paperwork at the track.

3. LIABILITY RELEASE (read entirely, then sign):

In consideration of the granting to me of a reciprocal Racing Privileges by the Oregon Motorcycle Road Racing Association (OMRRA); and in consideration of promotion and operation for my benefit of road race events by OMRRA; and in consideration of granting of permission to me to enter, use and remain on track facilities and/or premises at which these events take place by the owners and/or representatives thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold harmless and indemnify OMRRA, the owners and/or representatives of the aforesaid track facilities and/or premises, as well as the directors, officers, agents, employees, and/or members of all of them, of and from all liability, loss, claims, demands, and possible causes of action that might otherwise accrue from loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with, or related to any event, and whether arising while engaged in competition or in practice or in preparation thereof, or while upon, entering or departing from said track facilities and/or premises, from any cause whatsoever, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I understand motorcycle racing competition can constitute a hazardous activity and that, by reason of my application for an participation in or presence at an OMRRA competition event, I assume all hazards and risks relating thereto. I also agree that OMRRA may use my

pictures and my name (including pictures taken at any event or pictures of my racing equipment) for any purpose in any media. I also agree to abide by OMRRA competition rules at the events to which they apply and to respect the authority of race officials at all events. I have read this application in its entirety and stipulate, under penalty of perjury, that all statistical information set forth herein by my signature is true and complete.

I have read this release. Initial here (required) (____).

I hereby confirm, consent and agree to the foregoing.

Signature of Racer (required)

Date

Racers may only sign the above liability release if they are at least 18 years old. If the racer is under 18 years of age, notarized parental signature(s) are required. See page 2.

OMRRA Official Fill this out:

Rider race number at OMRRA: _____

License is verified: _____ (initial)

Office Fax: 1- (503) 868-6000

Office Phone: (503) 841-6185

Email: info@omrra.com

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