



WMRC
 71-11757 236 Street
 Maple Ridge, BC, V4R 2E4
www.westwoodracing.com

2010 WMRC MEMBERSHIP APPLICATION

INSTRUCTIONS:

- Only Legible and Complete Applications will be accepted! The WMRC application is **THREE** pages in total.
- Mail completed application to the address above
- If you did **NOT** hold a WMRC license last year include proof of previous track experience such as a previous license, race school certificate, etc.
- Completed Release form must be included
- Completed Medical form must be included
- Payment must be enclosed or credit card information filled in or PayPal receipt enclosed (Do Not mail Cash!)

MEMBER INFORMATION

Name _____
 Address _____ City _____
 Province/State _____ Canada USA Postal/Zip Code _____
 Phone H _____ C _____ Email _____

RACE NUMBER

This application must be received by March 1st to retain last year's Number

Last Year's Number _____ Preferences: Individual Trophy _____ Year End Plaque _____
 Retain Last Year's Number New Number Preferences 1st _____ 2nd _____ 3rd _____
Novice must be from 700 to 900 – 1 to 5 reserved for Champions

FEES

Race License: NOVICE, INTERMEDIATE, EXPERT (Circle one)	\$150.00	
Airfence Fundraiser Tickets	\$15.00ea	
Banquet Tickets	\$35.00ea	
Gate Pass	\$60.00	
Social Membership	\$40.00	
Associate Membership – <i>Non BC residents holding a current license from another recognized racing association. Include copy of license with application.</i>	\$ 55.00	
Air Fence Donation – <i>Don't Mess With Karma...</i>	\$ well?	
	TOTAL	

PAYMENT

Cash Cheque Visa Mastercard PayPal*

Credit Card Number _____ Expiry _____
 Name on Card _____ Signature _____

*PayPal Payments to ddrolet@gmail.com – Attach copy of PayPal receipt to application

- WMRC Office Use Only -

Amount Received \$ _____ Received By _____ Date Received _____



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RACER AND STUDENT RELEASE OF LIABILITY

THIS IS A RELEASE ! IMPORTANT! READ CAREFULLY BEFORE SIGNING! BY SIGNING, YOU ARE RELINQUISHING LEGAL RIGHTS YOU OTHERWISE WOULD HAVE, SHOULD YOU SUFFER LOSS, INJURY OR DEATH!

Participant Name _____ Age _____

Address _____

I HEREBY ACKNOWLEDGE that I have voluntarily applied to participate in motorcycle road race training, instruction and/or competition.

I UNDERSTAND THAT MOTOCYCLE RACING INSTRUCTION AND COMPETITION ARE INHERENTLY HAZARDOUS ACTIVITIES AND MAY RESULT IN ME SUFFERING SERIOUS INJURY OR DEATH. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED, AND I AGREE TO ACCEPT MY AND ALL RISK OF INJURY OR DEATH. IF ANYTHING SHOULD HAPPEN TO ME, I WILL NOT HOLD ANYONE BUT MYSELF RESPONSIBLE.

I UNDERSTAND THAT BY SIGNING THIS RELEASE, APPLYING FOR A WMRC ROAD RACE COMPETITION LICENCE AND/OR BY ME PARTICIPATING IN OR ATTENDING ANY OF THE EVENTS (DEFINED BELOW) OR FACILITIES (DEFINED BELOW), I AM ACKNOWLEDGING MY UNDERSTANDING OF THE SERIOUS RISKS INVOLVED AND THE POSSIBILITY OF ME SUFFERING SERIOUS INJURY OR DEATH.

I FURTHER UNDERSTAND THAT BEFORE I WILL BE ALLOWED TO PARTICIPATE IN ANY RACE SCHOOL OR COMPETITION EVENT ORGANIZED OR SANCTIONED BY WMRC, I WILL BE REQUIRED TO SIGN A RELEASE AT REGISTRATION PRIOR TO THE SCHOOL OR EVENT. I PROMISE TO EXECUTE SUCH A RELEASE.

ENTRY ADVERTISEMENT/PHOTO RELEASE:

"I, rider/racer and/or entrant and/or contestant agree to permit the WMRC, its assigns, and authorized photographers, at no fee whatsoever, now or at any time in the future, to use my name, likeness, photo stills, video, and audio of myself and vehicle(s), for publicity, publication, advertising, selling, and endorsements, both before and after the event; and do hereby relinquish any and all rights to any photo stills, video, audio or likeness taken in connection with this event."

In consideration of Westwood Motorcycle Racing Club ('WMRC') granting me a WMRC Road Race Competition license, providing me the opportunity to attend, participate in and/or compete in events or competitions organized or sanctioned by WMRC (collectively, the "Events", and permitting me to enter, use and remain on the facilities or premises at which any Events are held (collectively, the "Facilities", I HEREBY, for myself, my heirs, executors, administrators, personal representatives and assigns, RELEASE, REMISE AND FOREVER DISCHARGE WMRC, the owners and representatives of each of the Facilities, as well as the directors, officers, agents, employees, volunteers and members of all of them (collectively, the "Released Parties, FROM ANY AND ALL LOSSES, CLAIMS, SUITS, DEMANDS, ACTIONS, CAUSES OF ACTION, LIABILITIES, COSTS AND DAMAGES OF ANY NATURE OR KIND WHATSOEVER, whether under contract, tort or any other theory of law or equity, that may arise or accrue as a result of, in relation to, or in connection with me participating in or attending any of the Events or Facilities, including without limitation loss or damage to my property or my injury or death, whether arising while engaged in competition, in practice or preparation therefore, or while entering or departing from the Facilities, and whether or not caused or contributed by the negligence, imprudence, lack of skill, error of judgment or any other act or omission of any of the Released Parties, including without limitation, the failure to enforce any applicable rules and regulations or the failure to make inspections. I AGREE TO INDEMNIFY AND HOLD EACH OF THE RELEASED PARTIES HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, CLAIMS, SUITS, DEMANDS, ACTIONS, CAUSES OF ACTION, LIABILITIES, COSTS (INCWDING REASONABLE LEGAL FEES AND DISBURSEMENTS) AND DAMAGES OF MY NATURE OR KIND WHATSOEVER that any of the Released Parties may suffer or incur as a result of, in relation to, or in connection with me participating in or attending any of the Events or Facilities.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS CONTENTS, I ACCEPT ITS TERMS AND ACKNOWLEDGE THAT I AM SIGNING IT OF MY OWN FREE WILL

Date: _____ Signature of Participant: _____

MINORS

I HAVE READ THE RELEASE OF LIABILITY ABOVE THAT HAS BEEN EXECUTED BY _____

(print name of minor)

(the "MINOR") AND AS PARENT OR OTHER LEGAL GUARDIAN OF THE MINOR, I AGREE, ON MY OWN BEHALF AND ON BEHALF OF THE MINOR, TO THIS RELEASE OF LIABILITY AND CONSENT TO THE MINOR ATTENDING, PARTICIPATING AND/OR COMPETING IN ANY EVENTS.

Date: _____ Signature of Legal Guardian of Minor: _____ Relationship to Minor: _____



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2010 MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM

KEEP ONE COMPLETED COPY OF THIS MEDICAL FORM IN YOUR LEATHERS AT ALL TIMES

IDENTIFICATION

Name _____
Address _____ City _____
Province/State _____ Canada USA Postal/Zip Code _____
Phone H _____ C _____ Email _____

MEDICAL INFORMATION

Age _____ Height _____ Weight _____ Blood Type _____ Contact Lenses? _____
Dentures? _____ Diabetic? _____ Epileptic? _____ Date of last Tetanus Shot _____
Known Medication Allergies _____
Current Medications _____
Describe any Illness or Injury in last year _____

Doctor's Name _____ Phone Number _____
Doctor's Address _____

EMERGENCY CONTACT

Name _____
Address _____ City _____
Province/State _____ Canada USA Phone H _____ C _____
Relationship to you _____

INSURANCE

BC Medical Number _____ Are you covered by any other Medical Insurance? Y N
Other Insurance Company _____ Policy Number _____

CONSENT AND AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES

The undersigned consents to being given Emergency Medical Services at the scene of the emergency, said scene shall include the trackside site of the incident causing the emergency and any first aid or Emergency Medical Services facility located at the racing facility.
THE UNDERSIGNED UNDERSTANDS THAT ONLY EMERGENCY SERVICES AND FIRST AID TREATMENT WILL BE PROVIDED AT THE TRACK SITE AND CONSENTS TO RECEIVING SUCH TREATMENT, AND TO BEING TRANSPORTED TO AN ACCREDITED MEDICAL FACILITY IF NECESSARY FOR ANY ADDITIONAL TREATMENT.

Date _____ Signature of Applicant _____

"I hereby confirm, consent and agree to the forgoing"

Date _____ Signature of Parent, Guardian or Person having legal custody of applicant if a minor _____