



Bermuda Motorcycle Racing Club
P.O. Box HM 1659 Hamilton HMGX
Email: info.bmrc@gmail.com
Web: http://www.bmrc.bm

BMRC 2013 Membership Form & Waiver of Liability

- Please select a membership option:
- 2013 BMRC Adult Membership - **\$100** (\$80 before 1MAR13)
 - 2013 BMRC Adult RACE LICENSE - **\$100** (\$80 before 1MAR13)
 - 2013 BMRC Youth Membership (Children 12 and Under) - **\$50**
 - 2013 BMRC Youth Race License (Children 12 and Under) - **\$50**

PRINT FULL NAME: _____

DATE OF BIRTH (dd/mm/yy): _____ AGE AS AT MAY 1, 2013: _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ CELLULAR TELEPHONE: _____

SPONSORS (Please list all of your respective sponsors below to be noted on results and press releases):

RACE CATEGORIES*:

- | | |
|--|---|
| <input type="checkbox"/> Minibike Junior (Ages: 4 – 9) | <input type="checkbox"/> Minibike Open (Ages: 7+) |
| <input type="checkbox"/> GP 70 (Ages: 7 – 11) | <input type="checkbox"/> GP 80 (Ages: 9+) |
| <input type="checkbox"/> Streetbike (Ages: 11+) | <input type="checkbox"/> Scooter 70 (Ages: 11+) |
| <input type="checkbox"/> Scooter Open (Ages: 13+) | <input type="checkbox"/> GP125 (Ages: 13+) |
| <input type="checkbox"/> Formula Xtreme (Ages 14+) | <input type="checkbox"/> Superbike 600 (Ages 16+) |

* Restrictions apply to all BMRC race categories, all prospective racers should refer to the 2013 Rulebook prior to applying for licensing in the above categories.

ALL RACE APPLICATIONS ARE VETTED AND APPROVED THROUGH THE BMRC CLERK OF THE COURSE.

CLERK OF THE COURSE USE ONLY:

The above racer is approved to compete in the following categories.

- | | |
|--|---|
| <input type="checkbox"/> Minibike Junior (Ages: 4 – 9) | <input type="checkbox"/> Minibike Open (Ages: 7+) |
| <input type="checkbox"/> GP 70 (Ages: 7 – 11) | <input type="checkbox"/> GP 80 (Ages: 9+) |
| <input type="checkbox"/> Streetbike (Ages: 11+) | <input type="checkbox"/> Scooter 70 (Ages: 11+) |
| <input type="checkbox"/> Scooter Open (Ages: 13+) | <input type="checkbox"/> GP125 (Ages: 13+) |
| <input type="checkbox"/> Formula Xtreme (Ages 14+) | <input type="checkbox"/> Superbike 600 (Ages 16+) |

BMRC Treasurer Signature: _____

BMRC President Signature: _____

BMRC Race Director Signature: _____



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Membership Terms and Conditions

- By applying for membership and racing license with the Bermuda Motorcycle Racing Club (BMRC) I accept that I understand and will abide by the Constitution of the BMRC and uphold any rules, aims, and principles outlined by the BMRC.
- I understand I must abide by BMRC Executive Committee and subcommittee ruling set forth for participating in motorsports activities.
- I understand that the BMRC will endeavor to maintain a high standard of safety and will undertake precautions to safeguard against injury to its members and damage to machines.
- I accept that it is impossible to safeguard against all potential mishaps that may occur. Therefore, I will not hold BMRC Ltd and the BMRC liable for any injury and/or damage, including death.
- I understand that I must access for myself the quality of facilities, safety measures, weather conditions, event organization, and any other consideration regarding the risk of participation in motorcycle racing.
- I certify that by participating and/or competing in a BMRC event, I assume all risk involved.
- I agree to indemnify BMRC Ltd, BMRC, its Executive Officers, and Subcommittee Members from any claims for damage to machines and/or injury, including death, to members that may occur.

AGREEMENT TO MEMBERSHIP TERMS AND CONDITIONS

I accept the terms and conditions outlined above am fully aware of the risks involved in motorcycle racing.

PRINT FULL NAME: _____ **SIGNATURE:** _____ **DATE:** _____

PARENT/GUARDIAN*: _____ **SIGNATURE:** _____ **DATE:** _____

*Parent/legal guardian for children under 18. By signing the above agreement I indicate that I am fully aware of the risks involved in motorcycle racing and authorize my child to participate and compete in this potentially dangerous sport.



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Medical Disclosure

The following information may be necessary in the event of illness or accident. Please complete the form accurately and truthfully. The information disclosed will be kept confidential and will be used only to assist emergency medical personnel in response to illness or injury. Failure to disclose accurate and complete information can compound the seriousness of an event, particularly if you are unable to respond clearly to the medical personnel's questions.

RACERS DETAILS

PRINT FULL NAME: _____

DATE OF BIRTH (dd/mm/yy): _____

EMERGENCY CONTACT DETAILS

PRINT FULL NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

CONTACT NUMBER 2: _____

PHYSICAL CONDITIONS – List all physical conditions (e.g. allergies, asthma, chronic illnesses, previous injuries, etc.)

MEDICATIONS - List all medications you are currently taking; include prescription and over-the-counter medicines.

ALLERGIES - Please list all allergies (e.g. aspirin, penicillin, latex, etc.)

DOCTOR INFORMATION:

PRINT FULL NAME: _____

CONTACT NUMBER: _____

PRINT FULL NAME: _____ SIGNATURE: _____ DATE: _____