



Bermuda Motorcycle Racing Club
P.O. Box 69
Warwick WKBX
info.bmrc@gmail.com

BMRC 2010

Race License / Waiver of Liability

\$100 RACE LICENSE

FULL NAME

DATE OF BIRTH (dd/month/yy)

AGE AS OF 1 MAY 2010

ADDRESS

EMAIL

PHONE (1)

PHONE (2)

SPONSORS

RACE CATEGORIES*	Pee Wee <input type="checkbox"/>	Mini Bike <input type="checkbox"/>	Junior <input type="checkbox"/>	Open <input type="checkbox"/>
	GP <input type="checkbox"/> 70 <input type="checkbox"/> 80	CBR Challenge <input type="checkbox"/>		
	Scooter <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	GP 125 <input type="checkbox"/>		
	Formula <input type="checkbox"/>	Superbike <input type="checkbox"/>		

* Restrictions apply to all BMRC race categories, all prospective racers should refer to the 2010 Rulebook prior to applying for licensing in the above categories.

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

RACE DIRECTOR USE ONLY

The above racer is approved to compete in the following categories.	Pee Wee <input type="checkbox"/>	Mini Bike <input type="checkbox"/>	Junior <input type="checkbox"/>	Open <input type="checkbox"/>
	GP <input type="checkbox"/> 70 <input type="checkbox"/> 80	CBR Challenge <input type="checkbox"/>		
	Scooter <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	GP 125 <input type="checkbox"/>		
	Formula <input type="checkbox"/>	Superbike <input type="checkbox"/>		

Signature



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Membership Terms and Conditions

By applying for membership and racing license with the Bermuda Motorcycle Racing Club (BMRC)

1. 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.
2. I understand I must abide by BMRC Executive Committee and subcommittee ruling set forth for participating in motorsports activities.
3. I understand that the BMRC will endeavour to maintain a high standard of safety and will undertake precautions to safeguard against injury to its members and damage to machines.
4. 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.
5. I understand that I must accept for myself the quality of facilities, safety measures, weather conditions, event organization, and any other consideration regarding the risk of participation in motorcycle racing.
6. I certify that by participating and/or competing in a BMRC event, I assume all risk involved.
7. 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.

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

Signature

Date

Print

Signature - Witness / Parent (Guardian)*

Date

*Parent/legal guardian for children under 18

- By signing, I indicate I am fully aware of the risks involved in motorcycle racing and authorize my child to participate and compete in this potentially dangerous sport.

Print



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Medical Disclosure

PLEASE PRINT

FULL NAME

_____/_____/_____
DATE OF BIRTH (dd/month/yy)

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.

EMERGENCY CONTACT

NAME

PHONE (1)

Relationship

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

List all allergies (e.g. aspirin, penicillin, latex, etc.)

DOCTOR INFORMATION

NAME

PHONE (1)

Signature

Date