



American Federation of Motorcyclists, Inc.
A CALIFORNIA NON-PROFIT CORPORATION



2009 INSTRUCTIONS

Associate Membership - only need to complete the Application page.

Racers:

1. **Application forms:** READ THIS ENTIRELY BEFORE FILLING OUT ANY PART OF THE APPLICATION. **Each of the 5 pages must be on a separate sheet of paper.**
2. **Please type information prior to printing form or print legibly in black ink.**
3. **Staple all three (3) pages** of the RELEASE & WAIVER OF LIABILITY AGREEMENT together. Take only these three pages to your Notary for certification.
4. **Release & Waiver of Liability Agreement** form(s) must be signed before a Notary – do not sign prior to having documents notarized. If you are under the age of 18 years, your parent/guardian must complete the 'MINOR' release form in place of the 'ADULT' release form. The 'MINOR' release form is available for printing on the web site at http://www.afmracing.org/downloads/download_form_racer_app_minor_2009.pdf
5. For **returning members from 2006, 2007 or 2008**, you will find your AFM # and your Member # printed on your license. Your Transmitter # is printed on a white sticker with black numbers on the end of the Transmitter.
6. **Enclose payment** for the proper amount or complete credit card information as indicated. Half year Applications are not accepted until after the last race scheduled prior to June 30, 2009.
7. **If we receive your application by 12/31/2008**, you will automatically keep your 2008 AFM number (if that is what you request). If you are a new member, or want to change your number, we will not process your application until after 01/01/2009.
8. **Rulebooks are mailed in mid February.** If you apply after February, you should receive your rulebook about 3 weeks after your application is processed.
9. **Do NOT fax your application** – we must have original signatures on all documents. You are mailing the application to a US Post Office Box, therefore no courier deliveries are accepted (i.e. UPS, FedEx, DHL, etc). Mail application forms to **AFM, PO BOX 4248, MODESTO, CA 95352-4248**. If you choose to send your application with expedited service, you must use EXPRESS or PRIORITY service from the Post Office only.
10. **New Racer Information pamphlet:**
http://www.afmracing.org/downloads/download_newracer_faq.pdf
11. **Number assignment policy:** be sure to review the current policy on the web site.
http://www.afmracing.org/downloads/download_number_assignment.pdf
12. **Check website** at www.afmracing.org under "License Applications Received" list to confirm that we have received your application. Payments for licenses will not be processed until after January 1, 2009.

Workers:

1. Be sure to check the applicable job that you will work. If workers use an outside Notary for the Release & Waiver of Liability Agreement, **please submit a receipt for the \$10.00 fee** and the **AFM will reimburse you.**
2. If you are also a Racer, you do not need to complete a second form, just check the Appropriate jobs on the racer application.

American Federation of Motorcyclists, Inc.

A CALIFORNIA NON-PROFIT CORPORATION

Application for 2009 Membership and Road Race Competition License



Name _____ Transmitter # _____
To be issued

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Phone (____) _____ Age _____

Date of Birth _____ Member # _____
To be issued

E-mail Address _____

For Office Use Only

Assigned _____
FY N NC E R A W
SF _____ LA _____
Amt: \$ _____ ck cc
Date: _____
Verification of Information
_____ Initials of AFM Official
accepting membership license
application

- New Member
 Never Raced
If you have completed an AFM Approved School
Name _____ Date _____
 Experienced: Expert Novice
You must **enclose a copy of your license** showing
status to bypass an AFM Approved School.
Club _____
Year last raced _____ # _____

- Renewal: AFM 2008 number was _____
Choices for 2009:
Renew 2008 number? Yes No
Or _____

- Reciprocity License: Novice Expert
You must **enclose a copy of your 2009 license** with other club
showing status. Club _____

- Associate License (for non-racers)
 Worker (No fees): Turnworker, Board Member, Registration,
 N.M.P., Tech, Scoring, Announcer, Other: _____

Method of Payment:

- Check - payable to AFM, Inc.
 VISA American Express
 Master Card Discover Card
Exp. Date _____ Amount \$ _____
Number: _____
Sign name: _____
Print name: _____

FEES	Full Year	Half Year (after 6/30/09)
Competition	\$140	\$80
Reciprocity	\$70	\$40
Associate	\$30	\$20
Worker	\$0	\$0

- Individuals who have held an AFM Expert license in the past may be unlicensed and/or not participating in a race event for up to five years before they are required to take and pass an AFM Approved School. If it's been longer than five years since you've held a license OR raced, you will need to take an AFM Approved School. All new members **must** do so.
- THIS LICENSE APPLICATION MUST BE RECEIVED BY DECEMBER 31, 2008, TO RETAIN YOUR 2008 NUMBER.
- Riders under the age of 16 must petition the Board of Directors. Contact the AFM for more details.

IMPORTANT! READ CAREFULLY BEFORE SIGNING!

I STATE THAT I UNDERSTAND AND AGREE THAT:

By completing this application, I am requesting to join the AFM, a California non-profit corporation and I agree to be bound by its articles and bylaws.

The AFM and each of its local chapters may use my name and pictures, including pictures of my racing equipment and pictures taken at any event, for any purpose in any media.

The **AGREEMENT AND RELEASE OF LIABILITY** and the **MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM** are both part of this application and my application will not be accepted unless I have completed and signed the Agreement and Release of Liability. Initial here (_____).

I have read this application in its entirety and I assert under penalty of perjury under the laws of the State of California that all information set forth herein is true and complete. Initial here (_____).

Date Signature of Applicant

I specifically assert under penalty of perjury under the laws of the State of California that I have read this release, that all information set forth herein is true and complete, and I hereby confirm, consent and agree to the foregoing.

Date Signature of Parent, Guardian or Person having legal custody of Applicant (if minor)

Mail to: AFM License Committee • PO Box 4248 • Modesto, CA 95352-4248 • Telephone: (209) 577-2001
entry@afmracing.org www.afmracing.org

American Federation of Motorcyclists, Inc.

A CALIFORNIA NON-PROFIT CORPORATION

APPLICATION FOR 2009 ROAD RACE COMPETITION LICENSE MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM

Information in shaded areas is required for license.	
<p style="text-align: center;">Print Clearly!!</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Phone (____) _____ Phone (____) _____</p> <p>Age _____ Date of Birth _____</p> <p>E-mail address _____</p>	<p>Blood Type (if known) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Last Tetanus Shot _____</p> <p>Contact Lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Dentures? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Epileptic? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Who To Notify In Case Of Emergency:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Phone (____) _____</p> <p>Relationship To You: _____</p> <p style="text-align: center;"><i>This person should be able to make medical decisions for you if you are not able to do so.</i></p>	<p>List All Known Allergies:</p> <p>_____</p> <p>_____</p>
<p>Have you had any serious injury in the last year?</p> <p>If yes, explain briefly:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your Physician:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State ____ Zip _____</p> <p>Phone (____) _____</p>
<p>Medical Insurance (Required)</p> <p>Company _____</p> <p>Policy Number _____</p>	<p>Beneficiary Information:</p> <p>Primary Beneficiary _____</p> <p>Address _____</p> <p>Relationship _____</p> <p>Contingent Beneficiary _____</p> <p>Address _____</p> <p>Relationship _____</p> <p><input type="checkbox"/> Any other children born of this marriage or adopted (Check only if desired)</p>

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 understand that such Emergency Medical Services will be rendered in accordance with and reliance on various California statutes designed to encourage the giving of Emergency Medical Services without liability for civil damages.

Date

Signature of Applicant

I specifically assert under penalty of perjury under the laws of the State of California that I have read this release, that all information set forth herein is true and complete, and I hereby confirm, consent and agree to the foregoing.

Date

Signature of Parent, Guardian or Person having legal custody of Applicant (if minor)



AMERICAN FEDERATION OF MOTORCYCLISTS
2009 ADULT RELEASE AND WAIVER OF LIABILITY, EXPRESS
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT



THIS AGREEMENT MUST BE CAREFULLY READ AND SIGNED IN CONSIDERATION OF my ability to participate in any and all motorcycle riding and racing events sanctioned, promoted, and/or operated by the American Federation of Motorcyclists (hereinafter “AFM”) at any and all facilities throughout the **2009 season (January 1, 2009 through December 31, 2009)** and any and all affiliated activities including, without limitation, riding, driving, racing, training, learning, practicing, competing, maintaining vehicles, observing and spectating, or for any other purpose (hereinafter collectively “EVENTS”) and/or **IN CONSIDERATION OF** my ability to enter into or upon any RESTRICTED AREA (hereinafter defined as including, but not limited to, the racing track and surface, pit areas, infield, paddock and garage areas, grandstand areas, and all walkways, concessions, and other areas appurtenant to any area where any activity related to the EVENTS are or will be taking place). The undersigned, on behalf of himself/herself, his/her personal representative, heirs, and next of kin (hereinafter collectively “UNDERSIGNED”) hereby:

1. **INSPECTION:** Acknowledges, agrees and represents that immediately upon entering any RESTRICTED AREA, the UNDERSIGNED shall and shall continuously thereafter, inspect every area of the RESTRICTED AREA which the UNDERSIGNED enters, and the UNDERSIGNED further agrees and warrants that, if at any time, the UNDERSIGNED is in or about any part of the RESTRICTED AREA and feels anything to be unsafe, the UNDERSIGNED will immediately advise a representative, employee or agent of AFM and the owner or operator of the RESTRICTED AREA of such, and if necessary will leave the RESTRICTED AREA and/or refuse to participate in the EVENTS.

2. **WAIVER AND RELEASE:** Hereby **RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** AFM, the operators, organizers, sponsors, and hosts of the EVENTS, officials, rescue personnel, the track and facility and location owners, lessors, leasees, inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the track, facility and location, and each of their affiliated owners, subsidiaries, shareholders, officers, directors, managing agents, employees, independent contractors, members, agents, attorneys, investors, assigns, affiliated organizations and entities, and all other persons or entities participating or involved in the EVENTS (hereinafter collectively “RELEASEES”), **FROM ALL LIABILITY** to the UNDERSIGNED for any and all loss or damage and any claim or demands therefore on account of **INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH** of the UNDERSIGNED arising out of or related to the UNDESIGNED’s participation in any way in the EVENTS and/or the UNDERSIGNED’s presence in or upon the RESTRICTED AREA where the EVENTS are or will be taking place, even that caused by the ordinary **NEGLIGENCE** of the RELEASEES (hereinafter “LIABILITY”). The LIABILITY encompasses, but is not limited to, active or passive conduct, ordinary NEGLIGENT RESCUE EFFORTS, and ordinary NEGLIGENT enforcement of (or the failure to enact or enforce) rules, regulations and guidelines. It also encompasses, without limitation, LIABILITY concerning the ordinary NEGLIGENT selection, use, operation, design and/or maintenance of any equipment, facility, location, or service related to the EVENTS.

3. **MEDICAL CONSENT AND RELEASE:** Hereby specifically **AUTHORIZES AND CONSENTS TO** RELEASEES providing and/or arranging for **MEDICAL CARE OR TREATMENT OR EMERGENCY MEDICAL SERVICES OR RESCUE EFFORTS** in the event of an emergency or in the event of an injury or medical condition that develops or occurs during participation in the EVENTS or during the UNDERSIGNED’s presence in or upon the premises, facilities, and locations where the EVENTS are or will be taking place. UNDERSIGNED expressly **WAIVES AND RELEASES AND AGREES TO HOLD RELEASEES HARMLESS** from and against any and all LIABILITY arising therefrom.

4. **EXPRESS ASSUMPTION OF RISK:** Hereby acknowledges that the EVENTS are **EXTREMELY DANGEROUS** and involve the **RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE**. This agreement also constitutes an express and contractual **ASSUMPTION OF ALL RISKS AND DANGERS** associated with the EVENTS, which include, but are not limited to, the risk of being struck by objects or equipment and/or making contact with or colliding with other participants, spectators, other persons, and natural or manmade objects. The EVENTS will include participants of all skill and experience levels (including both professional and amateur persons) and varying levels of equipment, and UNDERSIGNED expressly assumes the risks associated with mixed and varying skill levels and varying equipment. RELEASING PARTY also acknowledges that there may be undefined and presently unknown risks and dangers associated with the EVENTS, and that there may be risks and dangers that may result from the ordinary **NEGLIGENCE** of the RELEASEES. This includes the potential ordinary **NEGLIGENCE** in the implementation or enforcement of (or the failure to implement or enforce) any rules, regulation or guidelines related to the EVENTS and/or the potential ordinary **NEGLIGENCE** in the selection, use, operation, design, or maintenance of any equipment, course, competition, facility or service related to the EVENTS. UNDERSIGNED hereby expressly assumes all such risks and dangers whether presently known or unknown. The UNDERSIGNED, also expressly acknowledges that injuries received may be compounded or increased by ordinary **NEGLIGENT RESCUE OPERATIONS OR PROCEDURES of the RELEASEES** or others.

5. **INDEMNITY AND HOLD HARMLESS:** Hereby agrees to **DEFEND, INDEMNIFY, AND SAVE AND HOLD HARMLESS** the RELEASEES and each of them from any loss, liability, damage or cost (including attorneys' fees and court costs) they may incur arising out of or related to the UNDERSIGNED's presence in or upon the RESTRICTED AREA where the events are or will be taking place, whether cause by the ordinary **NEGLIGENCE** of the RELEASEES or otherwise. UNDERSIGNED also hereby agrees to **DEFEND, INDEMNIFY, AND SAVE AND HOLD HARMLESS** the RELEASEES from any loss, liability, damage or cost (including attorneys' fees and court costs) caused by or arising out of any action or failure to act by UNDERSIGNED during or in connection with UNDERSIGNED's participation in the EVENTS, and/or arising out or UNDERSIGNED's improper, tortious, and/or criminal conduct.

6. **INFORMED CONSENT AND VOLUNTARY PARTICIPATION:** Fully acknowledges and understands that participation in the EVENTS will involve physical and strenuous activity and dangerous and changing circumstances and conditions. UNDERSIGNED has taken it upon himself or herself to be fully informed of the numerous inherent risks and potential dangers associated with the EVENTS, including the **RISK OF BEING INVOLVED IN AN ACCIDENT, CRASH OR COLLISION AND SUFFERING SEVERE PERSONAL INJURY OR DEATH**. UNDERSIGNED acknowledges that he or she has been informed that his or her **PERSONAL SAFETY CANNOT BE GUARANTEED**. UNDERSIGNED acknowledges that his or her participation in the EVENTS is completely voluntary, and he or she believes that the potential benefits of participation outweigh the risks and danger associated with the EVENTS. UNDERSIGNED acknowledges that he or she has been able to ask questions regarding the EVENTS, and that all questions have been satisfactorily answered.

7. **OTHER PARTICIPANT OBLIGATIONS:** Acknowledges that it is his or her responsibility to do all of the following: (1) fully disclose to RELEASEES any health issues or medications that are relevant to participation in the EVENTS; (2) inform RELEASEES if there are any activities or aspects of the program about which the UNDERSIGNED does not feel comfortable; (3) cease participation and promptly report any physical discomfort, illness or complications; and (4) clear his or her participation with his or her personal physician. UNDERSIGNED also acknowledges that he or she bears full responsibility to become aware of and familiar with any and all event, series, and facility rules, regulations, and instructions, and to follow such rules, regulations and instructions.

