



Westwood Motorcycle Racing Club

8-22977 116 Avenue
Maple Ridge, BC, V2X 9A8
Secretary@wmrc.ca

2020

MEMBERSHIP APPLICATION FORM

INSTRUCTIONS:

- Only legible and complete applications will be accepted! The WMRC application is **THREE** pages in total.
- Completed waiver form must be included.
- Completed medical form must be included.
- 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.
- Payment must be received before application will be considered complete. (Do **NOT** mail cash!)

MEMBER INFORMATION

Name _____

Address _____ City _____

Province/State _____ Canada USA Postal/Zip Code _____

Phone H _____ C _____ Email _____

May we contact you by email? Yes No

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 999. 1 to 3 reserved for Champions

FEEES

Race License (select one) <i>Includes gate pass</i>	<input type="checkbox"/> Novice	<input type="checkbox"/> Graduated Novice	<input type="checkbox"/> Expert	\$175.00	
Additional Medical Data Carrier (MDC)				\$5.00	
Additional Gate Pass				\$40.00	
Social Membership				\$30.00	
Associate Membership (Non BC residents holding a current license from another recognized racing association). <i>Include copy of license with application.</i>				\$50.00	
Air Fence Fund/Make a donation to the Club				???	
				Total	

PAYMENT

Cash Cheque Email Money Transfer Credit Card

Email Money Transfer security question answer: _____

Payment Instructions

- Online payment via credit card or Email Money Transfer are addressed to: **Treasurer@wmrc.ca**
- Cheques should be made out to: **Westwood Motorcycle Racing Club**
- Do **NOT** mail cash. Cash payment is in-person only.
- We cannot receive credit card details via phone or email. Credit card payments are made online or in-person only.

- WMRC Office Use Only -

Amount Received \$ _____ Received By _____ Date Received _____



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WAIVER



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Any and all 2020 Westwood Motorcycle Racing Club events.

PLEASE READ CAREFULLY!

Description and location of scheduled event(s) (the "EVENT")

Date release signed

In full or partial consideration for allowing me to participate in all related events and activities of the *EVENT*, I hereby warrant and agree

- That:
- I am familiar with and accept that there is the risk of serious injury and death in participation, whether as a competitor, student, official or worker, in all forms of motor sport and in particular in being allowed to enter, for any reason, any restricted area; and
 - I have satisfied myself and believe that I am physically, emotionally and mentally able to participate in this *EVENT*, and that my protective clothing, gear and equipment is fit and appropriate for my role as a participant in this *EVENT*, and
 - I understand that all applicable rules for participation must be followed, regardless of my role, and that at all times during the *EVENT* the sole responsibility for my personal safety remains with me; and
 - I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness, or that of my protective clothing, gear or equipment, for continued safe participation in the *EVENT*.

I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

- AN UNQUALIFIED ASSUMPTION BY ME OF ALL RISKS associated with my participation in the *EVENT* even if arising from the negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the Release, as that term is defined below, and any persons associated therewith or otherwise participating in the *EVENT* in any capacity; and
- A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have, or may in the future have, against any person(s), entities or organization(s) associated in any way with the *EVENT* including the track owners and lessees, promoters, sanctioning bodies, racing associations, or any subdivision thereof, track operators, sponsors, advertisers, car owners and other participants, rescue personnel, event inspectors, underwriters, consultants and others who give recommendations, directions or instructions or engage in risk evaluation and loss control activities, regarding the *EVENT* or event premises, or any one or more of them and their respective directors, officers, employees, guides, contractors, agents and representatives (all of whom are collectively referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my use of or my presence at the event facilities or my participation in any part of, or my presence in any capacity at, the *EVENT*, due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES.
- AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from my participation in any aspect(s) of the *EVENT*, and
- AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them by me or on my behalf, or that of my estate, whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise as stated above.
- AN AGREEMENT that this document be governed by the laws, and in the courts, of the Province in which the *EVENT* occurs.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH I AND MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Signature of Participant

Printed Name of Participant



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MEDICAL INFORMATION AND TREATMENT AUTHORIZATION FORM

- All racers must have a Medical Data Carrier (MDC) affixed to their helmet containing a completed medical data document

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 _____