

Granite State Championships

*Rain or
Shine!*



USCRA
UNITED STATES CLASSIC RACING ASSOCIATION INC.

*In memory of
#75, Fast
Frank Smith*

September 7th, 2020
New Hampshire Motor Speedway

Learn to race at the USCRA Race School
Gates open 7am Racing starts 8am



For more information, visit race-uscra.com

**REGISTRATION PACKET- PLEASE READ ALL MATERIALS CAREFULLY
THIS IS A PRE-ENTRY ONLY EVENT**

2020 Granite State Championships Registration Process & Safety Procedures- PLEASE READ

REGISTRATION PROCESS

This event will be **PRE-ENTRY ONLY!** This means participants **MUST** complete and return all registration materials via **USPS** in order to compete. **YOU MUST COMPLETE AND RETURN THE FOLLOWING MATERIALS WITH FULL PAYMENT (CHECKS ONLY), NO LATER THAN THURSDAY, SEPTEMBER 3, 2020:**

- **Completed registration form**
- **Completed tech form**
- **A valid email address**
- Race school entry (for new riders only)

IF YOU COMPLETED AND RETURNED THE FOLLOWING FORMS WITH YOUR FIM EVENT REGISTRATION, YOU DO NOT NEED TO SEND THEM AGAIN:

- Completed USCRA membership form
- Proof of AMA membership- including membership # and expiration date
- Proof of valid medical insurance
- COMMUNICABLE DISEASE EXPOSURE AND INFECTION ASSUMPTION OF RISK, HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

We will be honoring all current and valid licenses from other recognized racing organizations (LRRS, AHRMA, WERA, etc.) for this event. If you have a license from another org. you do not need to purchase a USCRA membership.

ALL PARTICIPANTS MUST HAVE ACTIVE MEMBERSHIP IN THE AMA. This is an AMA sanctioned event, if you do not have a membership in the AMA you can purchase one at:

<https://americanmotorcyclist.com/join-the-ama/#>

We can provide single-event AMA memberships. They are available for \$20 and can be purchased at the event.

Wristbands are required to enter the track. They are \$20 each. Wristbands will be listed on the registration form.

You must indicate the number of wristbands you need on your registration form and include the correct amount with your payment. One wristband per person for the entire weekend.

All payment by checks in U.S. funds.

The postal address to return registration forms is:

USCRA Registration c/o Eve Stein
5 Brook Bend Place
Oakdale, Ct. 06370

Our goal is to prevent any unnecessary congregating of people. If you have questions regarding registration, USCRA or AMA membership, please ask them in advance. We want the registration process to involve as little contact as possible. **Questions can be directed to Doug Donelan either via email at cemoto68@yanoo.com or by phone at (516) 851-7508.** It is imperative that you have your pre-registration sorted prior to arriving at the track. **We will not be able to accommodate changes at the event.**

CONTINUED ON NEXT PAGE

REGISTRATION PROCESS (CONTINUED)

- 1) Rider mails (USPS) ALL completed registration materials and full payment to our Registrar, Eve Stein
- 2) Registrar reviews registration and confirms that form is properly completed (no questions) and payment is correct.
- 3) Registrar e-mails tech form back to rider. Registrar will initial confirmation that registration has been received and reviewed, and correct payment is attached. (Note: email subject line will read: Registration - Date of Event - Racer Name)
- 4) Rider prints tech form, signs it, and brings it to the track as proof of registration.

MANDATORY SAFETY PROCEDURES

Upon arrival at the track, each participant/vehicle will take a number (numbers will be in a box outside the registration booth), place the number on the dash of their vehicle. **You are to return to your vehicle and wait until it's your turn to go to the registration window.** There will be no lines at the registration booth.

Each person in your party that intends on entering the track, must have his/her temperature thermally scanned. The rider will then produce their signed tech sheet as proof of registration. We will hand out wristbands that need to be affixed at the window, and you can proceed into the infield.

We will be maintaining social distancing throughout the event (6ft. of space between you and other people). This means no more than three people in a garage. Garage doors must be kept open for the duration of the event. We should have access to the North Garages. Everyone is required to social distance whenever and wherever possible.

Masks must be worn at all times except on track. This applies to all riders, crew, families, etc.

We will have limited supplies of masks and liquid hand sanitizer and indicate the locations where they can be found.

- Tech will be executed practicing social distancing. There will be no more than two bikes and three inspectors in the tech garage at any time. Riders are to use jack stands to lean their machines and step away from the machine and inspector(s), at least 6 feet.
- We will have a riders meeting practicing social distancing. The riders meeting will be for riders only, no crew, families, etc.
- We plan on having awards ceremonies practicing social distancing.

Everyone did a great job at the FIM event, I expect this event to be even better. Look forward to seeing you all again on Labor Day.

SPECIAL NOTES ON THE SCHEDULE:

- We are adding an additional race at the end of the day to enable our new classes a "bump", so to speak. Since we do not have classes they can currently bump in to, we're adding a second race for just those classes (Race 15).
- We are swapping two classes based on a direct conflict request
 - Race 6 will now be comprised of: Per. IV, Formula 3 / Per. 5 MW / Formula Twins
 - Race 11 will now be comprised of: Formula Singles Classic / Modern 250 GP / Per. 5 HW

As always, the order and combination of classes on the registration form reflects the schedule for the races.



2020 Granite State Championships
MONDAY • SEPTEMBER 7TH • 2020
NHMS –Registration Form

AMA Sanction #: 58676



Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Age _____ Race Number _____

Emergency Contact: _____ 2nd Option _____

Name _____ Phone _____ 3rd Option _____

Address _____ Relationship _____

Racing license:
 AMA Number:
 AMA Expiration:

Proof of insurance:
 Company: _____ Checked by: _____

Race	Class (For any race circle / check one ONLY) <small>Please note: Order of classes on registration form reflects proposed schedule for the event</small>	Make & Model	Year	Disp. (cc)	\$ Fee
1	HWSV / Formula CB350 / Per. IV, Formula 1				
2	*Rookie Race (4 Laps) * Tentative				
3	Sidecars Race 1 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage ^{Passenger:}				
4	Formula Singles Modern / LWSV / Formula RD				
5	250 GP / 500 GP / MW Production				
6	Per. IV, Formula 3 / Per. 5 MW / Formula Twins				
7	Pre-1950 / Pre-1965 / ULWSV / Open GP				
8	Per. IV, Formula 2 / Modern 125 GP / Formula 400				
9	Classic 50 / SV 50 / Modern 50 / Tank Shift (6 Laps)				
10	Per. IV, Open / Euro Cup / Formula MW				
11	Formula Singles Classic / Modern 250 GP / Per. 5 HW				
12	Sidecars Race 2 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage ^{Passenger:}				
13	Form. Flyweight / 100 GP / 200 GP / 350 GP				
14	Masters / Super Masters				
15	New Classes Race 2: Form. Singles Mod. / P5 HW / Form. 400 / Form. Twins				
Wristbands for Track Entry (REQUIRED FOR ALL)		\$20 each	Quantity Needed		

Total \$

FEES: PRE-ENTRY ONLY (Deadline 09.03.20): \$150.00 first class; \$60.00 each additional class (incl. 2nd sidecar race). 50cc class ONLY, \$90.00. Please make checks payable in U.S. funds to: USCRA

RELEASE & INDEMNITY AGREEMENT - READ BEFORE SIGNING! I hereby relinquish all my rights to sue or make claim whatsoever against the United States Classic Racing Association (USCRA), New Hampshire Motor Speedway (NHMS), the promoters, sponsors, instructors, employees, volunteers, and all other agents, persons, participants, or organizations conducting or connected with this or any other event produced by the USCRA for any injury to person or property I may suffer, including, crippling injury or death, whether such injury arises while participating in any event or activity produced by the USCRA at any prescribed premise. And, relying upon my own judgment and ability, I assume all such risks of loss and hereby agree to reimburse all such costs to those persons or organizations connected with any USCRA event for damages incurred as a result of my negligence. Motorcycle racing is dangerous. Every registrant/entrant assumes, by his/her written acknowledgement and/or participation, responsibility and obligation to assess the safety aspects of facilities and individual conditions and assumes all risks, including injury or death.

SIGNED:

DATE:

THIS IS AN AMA SANCTIONED EVENT. YOU MUST BE A CURRENT MEMBER OF AMA. Send this form & check or m/o in U.S. funds to: USCRA Registration, Eve Stein, 5 Brook Bend Place, Oakdale, Ct. 06370, (860) 235-7370 Email: registration@race-uscra.com.



USCRA Technical Inspection Form



AMA Charter # 6766 AMA Sanction # 58676 Event Date: September 7, 2020

Event Location: New Hampshire Motor Speedway Rider's Name: _____

AMA # _____ Exp. Date: _____ Rider's Number: _____ No. of Machine(s) Entered: _____

Please indicate if a machine is being shared by multiple riders

Rider's Name(s) _____ Rider's Number(s) _____

Class(es) Entered: _____ / _____ / _____ / _____

To be completed by Tech Inspector:/Registrar:

Signed Waiver/Wristband: _____ Registrar's Stamp/Signature: _____

THIS IS A RELEASE & INDEMNITY AGREEMENT - READ BEFORE SIGNING

I hereby give up all my rights to sue or make claim for damages due to negligence or any other reason whatsoever against the American Motorcyclist Association / All Terrain Vehicle Association and their respective district organizations, the promoters, sponsors and all other persons, participants and organizations conducting or connected with this event for injury to property or person I may suffer, including crippling injury or death while participating in the event and while upon event premises. I know the risks of danger to myself and my property while preparing for, and participating in the event and while upon the event premises and, relying upon my own judgement and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

Participant's Signature _____ Date _____

Parent's Signature _____ Date _____

Riders: Please inspect your machines and gear prior to technical inspection.



COMMUNICABLE DISEASE EXPOSURE AND INFECTION ASSUMPTION OF RISK, HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT



New Hampshire Motor Speedway

FILL IN TRACK/FACILITY NAME ABOVE

APPLIES FOR ONE YEAR FROM DATED SIGNATURE—FROM AUGUST 1, 2020 THROUGH AUGUST 1, 2021

As lawful consideration for my being granted access to this facility or event ("**Facility**"), and being permitted to participate in its activities, including but not limited to being allowed to drive, compete, crew, officiate, spectate, observe, work, volunteer, participate in any way or otherwise be granted entrance to **Facility** for any reason ("**Activities**"), and by signing below, I acknowledge that I have read, understand, and agree to the following, on my own behalf, on behalf of any minor accompanying me, and on behalf of my personal representatives, heirs and next of kin, agents and principals:

1. The novel coronavirus, COVID-19, also known as "severe acute respiratory syndrome coronavirus 2 ("**SARS-CoV-2**") has been declared a worldwide pandemic by governments and public health agencies. **SARS-CoV-2, COVID-19 and/or any mutation or variation thereof (hereinafter "COVID-19") is extremely contagious. COVID-19** and other communicable, contagious and/or infectious diseases, and (collectively, "**Disease**") can be spread by exposure to people or otherwise.
2. At any location, including **Facility**, the risk exists that **Disease** can be spread to those present at the location. Additionally, there is a risk that someone infected with Disease could spread it to others who were not present at **Facility**.
3. The health impacts of **Disease** including without limitation COVID-19 are not fully known although at present certain people are considered to be at higher risk from COVID-19 based on age, underlying health conditions and other factors known and unknown.
4. The unavoidable risk exists that I will become exposed to and/or infected with **Disease**, and could suffer resulting and/or related death, disability, illness, sickness, infection, disease, syndrome and/or other undesirable health condition, whether now known or unknown, from **Disease**.
5. I am aware that my participation in the **Activities** and my presence at **Facility** will cause me to be near and/or in contact with people and/or things that could raise the risk to me and others of exposure to **Disease**.
6. No one, including **Releasees** as defined below, can eliminate the risk that I will become exposed to or infected by or otherwise experience **Disease**. I know these risks cannot be eliminated no matter the degree of care exercised by anyone affiliated with **Facility** or **Activities**. No amount of protective measures or devices can guarantee freedom from **Disease**. By being at Facility, including, without limitation, participating in **Activities**, I know I could suffer personal injuries, or become ill, temporarily disabled, permanently disabled and/or die (collectively "**Afflicted**") from **Disease**. I voluntarily assume these risks and accept sole responsibility that I may be exposed to and/or **Afflicted** by **Disease** by entering **Facility** or participating in **Activities**.
7. Knowing the foregoing risks, including the fact that there are unknown risks, I voluntarily choose to enter and be at Facility and to assume these risks of my own free will. I will not seek to hold any **Releasee** as defined below responsible if I am **Afflicted** by **Disease**.
8. If I choose not to assume these risks, I will neither enter **Facility** nor participate in **Activities**, and by staying at **Facility** I affirm my continuing acceptance of all such risks.
9. I understand that being **Afflicted** by **Disease** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, **Releasees** as defined below.
10. I hereby **RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE** the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, **Facility** owners, **Facility** operators, track operators, track owners, officials, vehicle owners, builders and designers, drivers, crews, rescue personnel, any persons in any restricted area, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners and lessees of premises used to conduct **Activities**, premises and event inspectors, those who clean and maintain **Facility**, concessionaires and vendors, volunteers, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or **Activities**, and for each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, collectively referred to as "**RELEASEES**", FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, agents and principals FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR, WHETHER CAUSED BY THE NEGLIGENCE OF ANY **RELEASEE(S)** OR OTHERWISE INCLUDING EXPOSURE TO **DISEASE**, THAT MAY RESULT IN ILLNESS, INJURY, DISABILITY AND/OR DEATH. I understand and agree that this release includes claims based on the actions, omissions, or negligence of any **RELEASEE** whether **Disease** exposure occurs before, during, or after entry to **Facility** and/or participation in **Activities** at **Facility**.
11. I hereby agree to **INDEMNIFY and SAVE AND HOLD HARMLESS** the **Releasees** and each of them from any loss, liability, damage, or cost (including their attorneys' fees and costs) that they may incur arising out of or related in any manner to my attendance at or participation in **Activities**.
12. **HEALTH & SAFETY DECLARATION.** I attest and certify that I do not now have and have not tested positive for or suffered from any symptoms of COVID-19 infection including without limitation cough; shortness of breath or difficulty breathing; fever; chills; repeated shaking with chills; generalized muscle pain; headache; sore throat; new loss of sense of taste or smell; fatigue or other flu-like symptoms (collectively the "**Symptoms**"), or been exposed to any person exhibiting such **Symptoms** or, traveled outside the United States or to a location known to harbor such disease, in the past thirty (30) days. I am not under any quarantine orders.
13. **PERSONAL PROTECTIVE EQUIPMENT AND DISTANCING.** I will provide and use my own personal protective equipment and practice social distancing (current CDC guidance is at least 6 feet from others whenever possible) and follow all other hygiene and infection control methods, as prescribed by applicable authorities such as the United States Centers for Disease Control, state and local health officials, or otherwise in effect at this **Facility**, to help protect myself and others from **Disease**.
14. **LEAVING IF ILL.** If while at **Facility** I feel or experience any **Symptoms** I agree that I will immediately leave **Facility** to seek medical attention (or seek emergency medical attention at **Facility**) and that I promptly will notify Facility officials of same.
15. **NOT RESTRICTED BY GOVERNMENT ORDERS OR PERSONAL PHYSICIAN.** I represent and warrant that my attendance at **Facility** and participation in **Activities** is not restricted by the advice of my personal physician or any governmental or public health order or rule of any federal, state, county or other applicable authority, including any order or rule due to my age, condition, government or public health orders of isolation due to illness or quarantine due to my exposure to others who are, were or may have been sick, or for any other reason. If I believe this to not be the case, I will either not enter, or will promptly depart, **Facility**.
16. **KNOWING AND VOLUNTARY.** I acknowledge that I am voluntarily participating in **Activities** and visiting the **Facility** with an express understanding regarding the coronavirus pandemic and the other dangers described above, and I hereby agree to accept and assume any and all risks associated therewith. I have made the judgment that the benefits of being at **Facility** outweigh the risks that I am assuming.
17. **SEVERABILITY AND ENFORCEMENT.** This Agreement is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which **Activities** are conducted and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I intend for this Agreement to apply any time I am present at any **Facility** during dates noted above.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, ORAL REPRESENTATIONS OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW, INCLUDING THE RIGHT, DIRECTLY OR INDIRECTLY, TO SUE THE RELEASED PARTIES.

Signature:

Address:

Printed Name:

Phone Number:

Date: day of 2020

USCRA Membership Form

Please complete, sign and return form with payment to the address below



PLEASE PRINT CLEARLY

Please check one: New Member Renewal

Name: _____ Age: _____

Address: _____

City or Town: _____ State: _____ Zip Code: _____

Phone: Home: () _____ Mobile: () _____

Race Number: _____ 2nd Option: _____ 3rd Option: _____ Email: _____

Medical Insurance Information (Optional, for active event participants only)

Please note: PARTICIPATION IN ANY/ALL USCRA EVENTS REQUIRES VALID PROOF OF MEDICAL INSURANCE.

Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Emergency Contact Information:

Name: _____ Phone: () _____

Address: _____ Relationship: _____

Would you be interested in volunteering with the USCRA? YES

USCRA membership fee is: **\$60 US**,

Please make checks payable to: **USCRA**

Completed membership forms can be mailed to: **Eve Stein, 5 Brook Bend Place, Oakdale, Ct. 06370**

RELEASE & INDEMNITY AGREEMENT - READ BEFORE SIGNING!

I hereby relinquish and knowingly surrender all my rights to sue or make claim whatsoever against the United States Classic Racing Association (USCRA), New Hampshire Motor Speedway (NHMS), New Jersey Motorsports Park (NJMP), Canaan Motor Club, the promoters, sponsors, instructors, employees, volunteers, and all other persons, participants, or organizations conducting or connected with any USCRA event for any injury to person or property I may suffer, including, crippling injury or death, whether such injury arises while participating in any events or activities produced by the USCRA at any prescribed premises, and, relying upon my own judgment and ability, I assume all such risks of loss and hereby agree to reimburse all such costs to those persons or organizations connected with any USCRA event for damages incurred as a result of my negligence.

MOTORCYCLE RACING IS DANGEROUS. Every participant assumes, by his/her participation, responsibility for all risks associated with motorcycle racing, including injury and death.

SIGNATURE: _____ DATE: _____

All USCRA races are American Motorcyclist Association (AMA) sanctioned.

YOU MUST BE A CURRENT AMA MEMBER TO PARTICIPATE IN USCRA ROAD RACING EVENTS. Updated 07.20



USCRA Vintage Race School Entry Form



*Date of event: _____ Venue: _____

* USCRA Vintage Race School will be held rain or shine.

Name: _____ Age: _____

Address: _____

City or Town: _____ State: _____ Zip Code: _____

Phone Home: () _____ Mobile: () _____ Email: _____

Health / Medical Insurance Information: (Please note: Participation in the USCRA Vintage Race School without valid proof of medical insurance is prohibited)

Insurance Company: _____

Subscriber's Name: _____

Policy Number: _____

Emergency Contact Information:

Name _____ Phone _____

Address _____ Relationship _____

Motorcycle you will be using for Race School Model: _____ Year: _____ Race Number: _____

Please review the USCRA Rule Book prior to Race School to:

A downloadable copy of the USCRA Rulebook may be found at www.race-uscra.com

Required Documentation:

- Current AMA Membership (May be purchased at registration)
- Valid Health / Medical Insurance Card

For questions or additional information, please contact:

Doug Donelan: cemoto68@yahoo.com

The fee for the USCRA Vintage Race School (including required 'Rookie Race') is **\$155 US**,

Please make checks payable to: **USCRA Vintage Race School**

Entries can be sent to: **Eve Stein • 5 Brook Bend Place, Oakdale, Ct. 06370**



RELEASE & INDEMNITY AGREEMENT - READ BEFORE SIGNING!

There is no expressed or implied warranty of safety in registering, entering and/or participating in the USCRA Vintage Race School, and in no way a guarantee against injury or death to a participant. Motorcycle racing is dangerous. Every registrant/entrant assumes, by his/her written acknowledgement and/or participation, responsibility for all risks associated with participation in the USCRA Vintage Race School. Every participant assumes, by his/her written acknowledgement and/or participation responsibility and obligation to assess the safety aspects of facilities and individual conditions and must assume all risks, including injury or death. By written consent on this form to participate and/or by actual participation in the USCRA Vintage Race School, the below signed agrees to defend, indemnify and hold harmless the USCRA Vintage Race School, including but not limited to: it's personnel, agents, contractors and volunteers from any and all actual or alleged claims, demands, causes of action, liability, loss, damage and/or injury to property or persons, including without limitations accidental or wrongful death, whether brought by an individual or other entity, or imposed by a court of law or by incident to any acts, omissions, negligence, or willful misconduct of the USCRA Vintage Race School, it's personnel, agents, contractors and volunteers in connection with or arising out of the actions of the USCRA Vintage Race School. This indemnification applies to and includes, without limitation, the payment of all penalties, fines, judgements, awards, decrees, attorneys fees, and related costs or expenses, and any reimbursements to the USCRA Vintage Race School for all legal expenses and costs incurred by it. The below signed acknowledges that he/she has the legal power, right and authority to make, consent to and enter into this binding agreement. Any supplementation, modification or amendment to this Agreement shall render it non-binding.

Signature: _____

Participant Name: (Please Print) _____

Date _____