

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 JUNE 11, 2021 THROUGH JUNE 11, 2022

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:

Printed Name:

Address:

Phone Number:

Date:

day of

2021

24th Annual Granite State Championships

MONDAY • SEPTEMBER 6, 2021 • NHMS—Registration Form

AMA Sanction #: 66036



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	Form. FW / 100 GP / 200 GP / 350 GP				
2	*Rookie Race (4 Laps) * Tentative				
3	Masters / Super Masters				
4	P5, HW / Form. Twins / P4, Form. 3 / Mod. 250 GP				
5	Sidecars Race 1 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage <small>Passenger:</small>				
6	P4, Open / Form. MW / Form. 400 / Euro Cup				
7	Classic 50 / SV 50 / Mod. 50 / Form. FW / Tank Shift (6 Laps)				
8	HWSV / Form. CB350 / P4, Form.				
9	250 GP / 500 GP / MW Production				
10	Form. Singles Classic / LWSV / Form. RD				
11	P4, Form. 2 / Form. 400 / Mod. 125 GP				
12	Pre-1950 / Pre-1965 / ULWSV / Open GP				
13	Sidecars Race 2 <input type="checkbox"/> Classic <input type="checkbox"/> Supervintage <small>Passenger:</small>				
14	Form. Singles Mod. / P5, MW / Form. Twins				

FEES: PRE-ENTRY (Deadline 09.01.21): \$150.00 first class; \$60.00 each additional class (incl. 2nd sidecar race). 50cc class ONLY, (pre or post entry) \$90.00.

POST-ENTRY (Track only): \$155.00 first class; \$65.00 each additional class

Please make checks payable in U.S. funds to: USCRA

Total \$

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.
 Race Director: Doug Donelan email: cemoto68@yahoo.com, Phone: (516) 851-7508



USCRA Technical Inspection Form



AMA Charter # 6766 AMA Sanction # 66036 Event Date: September 6, 2021

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.



USCRA Pre-Race Technical Inspection Checklist

Riders: Please inspect your machines prior to tech inspection. Below is a checklist to assist you with safety compliance for USCRA racing. In addition, please be sure your machines are clean enough that all of the below items can be clearly seen.

Safety Wiring

- _Throttle cables
- _Oil lines
- _Oil galley plugs
- _Oil drain plug (bolt)
- _Oil filler cap(s)
- _Exhaust nuts
- _Exhaust tail sections
- _Rear brake torque arm
- _Rear axle nut, including bolt
- _Brake cable, front
- _Brake cable or rod, rear
- _Brake caliper bolts
- _Brake arm bolts
- _Exhaust springs
- _Front fork pinch bolts
- _Front axle, including nut
- _Front brake torque arm
- _Other_____

Component Condition

Tires, front and rear:

- _Tread depth
- _Rubber condition

Wheels:

- _Bearing play
- _Spokes (intact and tightened)
- _Metal valve stem caps

Brakes:

- _Stopping power (individually)
- _Lever free play and release
- _Shoes/pads wear

General Machine Preparation

Chassis:

- _Steering head bearings play
- _Swingarm bearings/bushings
- _Catch bottle/engine breather tube(s) secured
- _Catch pan construction and mounting
(min. depth of 1"; absorbent pad in place)

Controls/Cables:

- _Throttle return
- _Throttle cable(s)
- _No frayed wires, operates w/o binding
- _Brake cable, front
- _Brake cable, rear
- _Clutch cable

Miscellaneous:

- _Clean (no leaks/oil/sludge deposits)
- _Two USCRA decals displayed
- _No antifreeze in radiators
- _Footpegs secure
- _Sidestand removed
- _Centerstand removed
- _Kickstart pedal removed/secured
- _No glass/plastic lenses
- _Engine kill switch mounted and functioning
- _CB350 output shaft seal retainer installed
- _Front brake lever guard (modern machines only)
- Camera (optional) securely mounted at two points