## USCRA Membership Form Please complete, sign and return form with payment to the address below





PLEASE PRINT CLEARLY	Please check one: New Member L. Renewal L.
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 participation in Any/ALL USCRA EVENTS REQUIRES V	-
Insurance Company:	
Subscriber's Name:	
Policy Number:	
Emergency Contact Information:	
Name:	Phone: ( )
Address:	Relationship:
Would you be interested in volunteering with the USCR.	A? YES
USCRA membership fee is: <b>\$60 US</b> , Please make checks payable to: <b>USCRA</b> Completed membership forms can be mailed to: <b>Eve St</b>	tein, 5 Brook Bend Place, Oakdale, Ct. 06370
RELEASE & INDEMNITY AGREEMENT - READ BEFOR	E SIGNING!
I hereby relinquish and knowingly surrender all my rights to sue or make cla (USCRA), New Hampshire Motor Speedway (NHMS), New Jersey Motorsport employees, volunteers, and all other persons, participants, or organizations or property I may suffer, including, crippling injury or death, whether such in USCRA at any prescribed premises, and, relying upon my own judgment and such costs to those persons or organizations connected with any USCRA even	ts Park (NJMP), Canaan Motor Club, the promoters, sponsors, instructors, conducting or connected with any USCRA event for any injury to person jury arises while participating in any events or activities produced by the d ability, I assume all such risks of loss and hereby agree to reimburse all
MOTORCYCLE RACING IS DANGEROUS. Every participant assumes with motorcycle racing, including injury and death.	, by his/her participation, responsibility for all risks associated
SIGNATURE:	DATE:
All USCRA races are American Motorcyclist Association (AMA) sanctioned.	