



**To: AMA Supercross Applicants**  
**From: AMA Racing**  
**Subject: License Package for the 2012 Race Season**

Enclosed please find all the necessary information and forms needed for you to apply for your AMA Supercross Championship Series Competition License for the 2012 season.

Licenses will be processed at AMA Racing's Ohio office only. Under no circumstances will a license be processed at an event. **Any modifications to the Terms and Conditions section of the license application will not be accepted. Faxed copies of the license application are not acceptable.** In order to process your application and have your license packet ready for you at the first event you wish to compete in, we ask that applications be sent to AMA Racing in a timely manner. If you do not have a license, you will not be allowed to enter an event – no exceptions.

**ALL AMA LICENSE AND CREDENTIALS WILL BE PICKED UP AT THE EVENT.**

**For those riders renewing their licenses that have not earned a career or top 100 number that want to keep their assigned number from 2011, applications must be received by November 18, 2011. All Riders that earned a career number or top 100 number must use the assigned number.**

Please make sure that the following are completed and included with your application:

- Read and sign the 2012 Adult Release and Waiver and Release of Liability & Indemnity Agreement. If considered a minor in your state of residence, a Parent/Guardian must sign the bottom consent portion of the 2012 Minor Release and Wavier of Liability Indemnity Agreement.
- ***Read and sign the 2011-2012 Adult FMS All-Event Release, Waiver and Indemnity Agreement and have it notarized.***
- ***Read and sign the FIM anti-doping terms and conditions.***
- Read and sign the Terms and Conditions section of the application.
- Complete the Rider Personal information section of the application.
- Include one (1) passport size headshot photo with name and AMA number on the back.
- For riders applying for the first time you must submit a certified copy of your birth certificate along with your application.
- Enclose the proper fees.
- Include a current e-mail address.

Failure to complete all necessary items will delay the processing of your license and could prevent your entry into an event.

Should you have any questions or concerns, please contact Jane Caston at (614) 856-1900

# 2012 AMA Supercross License Application

All items must be answered completely before your license will be processed and issued. Please type or neatly print the information in ink and return the entire form to:

**AMA Racing**  
**13515 Yarmouth Drive**  
**Pickerington, OH 43147**  
**For Information call: (614) 856-1900**

## DID YOU:

- 1. Fill in your AMA membership information. Please include number and expiration date for those renewing. Life members may subtract \$39 from License fee.
  - a. Your license will show your full name and middle initial unless you indicate otherwise.
- 2. Indicate license type and complete payment information.
- 3. Complete all rider personal information.
- 4. Include one (1) passport size photo for your season photo credential. Write your name and AMA # on the back of the photo.
- 5. Read and sign the **2012 Adult Release and Waiver and Release of Liability & Indemnity Agreement**.
  - a. If considered a minor in your state of residence, a Parent/Guardian must sign the bottom consent portion of the form of the Minor Release and Wavier of Liability Indemnity Agreement.
- 6. Read and sign the **FIM Anti-Doping Terms and Conditions**
- 7. Read and sign the **AMA Racing Terms and Conditions**
- 8. ***Meet age requirement of at least 16 years of age.***
- 9. Attach letter from school currently enrolled in **(16-18 year olds only)**.
- 10. Attach **Original or Certified Copy** of Birth Certificate (new applicants only).
- 11. **Foreign Residents** must complete tax form 8233.
- 12. **Resident Aliens** must complete form 1078.
- 13. Foreign riders must submit a release from their licensing federation, before license will be issued.
- 14. Supercross Lites riders must indicate the region, EAST or WEST, in which they will compete.



## 2012 AMA Supercross License Application

PLEASE PRINT CLEARLY

AMA#: \_\_\_\_\_ Exp: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle I \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

License Fees include your AMA Membership renewal, and **\$25.00 to the Asterisk Mobile Medical Unit**. All Licenses will be photo credentials.

**Note: You must meet eligibility requirements for the type of licenses that you choose.**

<u>License Type</u>	<u>Amount Due</u>
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<b>SX License</b> <input type="checkbox"/> <b>\$300</b> (pre-qualified riders only)	\$ _____
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<b>SX Lites License</b> <input type="checkbox"/> <b>\$300</b> : <input type="checkbox"/> <b>East</b> <input type="checkbox"/> <b>West</b> (must pick region)	
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### AMA RACING USE ONLY

	Type	Competition Number	Advancement Points	Mail Date
Full Year:	_____	_____	_____	_____

### Method of payment: (please check one)

Check/Money Order     Visa     MasterCard     Discover     American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Card Holder's Printed Name \_\_\_\_\_

Card Holder's Phone number \_\_\_\_\_

## Rider Personal Information

Please print clearly and complete the following questions so that we may further service your needs. Thank you.

### Racing History:

1. Last year AMA license held \_\_\_\_\_ 2. Last number held: \_\_\_\_\_ 3. Number(s) requested: \_\_\_\_\_
4. Are you licensed with any other racing organizations?  Yes  No
5. If yes, with whom and what is your classification: \_\_\_\_\_
6. Types of racing you have done: (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_
7. Year first raced: \_\_\_\_\_ 8. Year turned professional? \_\_\_\_\_
9. Major accomplishments: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Personal:

10. Full Name: \_\_\_\_\_ 11. Nickname: \_\_\_\_\_
12. Birthdate (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 13. Age: \_\_\_\_\_ 14. Height: \_\_\_\_\_ 15. Weight: \_\_\_\_\_
16. Hair Color: \_\_\_\_\_ 17. Eye Color: \_\_\_\_\_ 18. Social Security Number: \_\_\_\_\_
19. Place of Birth City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_
20. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ 21. Nationality \_\_\_\_\_
22. U.S. Citizen?  Yes  No If no, please indicate the country in which you hold a passport: \_\_\_\_\_
23. Resident Alien?  Yes  No
24. Married?  Yes  No 25. Spouse's Name: \_\_\_\_\_
26. Children's name(s) and ages(s): \_\_\_\_\_
27. Are there any other racing members in your family? If yes, then who? \_\_\_\_\_
- \_\_\_\_\_
28. Team Affiliation: \_\_\_\_\_
29. Local Newspaper: \_\_\_\_\_ 30. Local TV Station: \_\_\_\_\_
31. Your e-mail address: \_\_\_\_\_

### Emergency:

32. Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ 33. Phone: \_\_\_\_\_
34. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment/Insurance: THIS SECTION MUST BE COMPLETED

35. Place of employment: \_\_\_\_\_
36. Address of employment: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
37. Do you have a Primary medical insurance company?  Yes  No If yes, please indicate the name of the company: \_\_\_\_\_
- \_\_\_\_\_
38. Policy/Group Number: \_\_\_\_\_ 39. Policy Holder: \_\_\_\_\_
40. Address of insurance company: \_\_\_\_\_
41. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# AMA RACING COMPETITION LICENSE TERMS AND CONDITIONS

In consideration of being granted a 2012 AMA Racing Competition License by the American Motorcycle Association, Inc., d/b/a American Motorcyclist Association (hereinafter "AMA"):

1. **Drug and Alcohol Testing; Release:** I recognize the importance of maintaining the safety and integrity of professional motorcycle racing. Accordingly, I agree to strictly comply with the "AMA 2012 Supercross Series Rulebook" and its Substance Abuse Policy (the "Policy"). I understand that my agreement to comply with the Policy is an essential precondition to the issuance of a professional license and that I must abide by the Policy and submit to such testing procedures as may be conducted from time to time at the sole discretion of AMA or its assigns as a condition of continued licensure. I further understand that any violation of the Policy, or failure or refusal to submit to testing and honestly participate in any testing procedure, will result in immediate disciplinary action in any AMA sanctioned events. Finally, I hereby release and hold harmless AMA, their respective directors, trustees, officers, employees, agents as well as any consultants and any laboratories or testing facilities retained by AMA or its assigns for the purpose of conducting drug or alcohol tests in connection with the Policy, from any and all liability related in any way to any tests conducted in connection with the Policy or the disclosure of the results of any such tests.

2. **Physical Examination:** I certify that I am in good health and suffer from no illness or injury which impairs in any way my ability to participate in motorcycle racing events. I agree to inform AMA of any medical condition, injury or illness which in any way casts a question on my ability to participate in a safe and competent manner. I agree to immediately notify AMA of any change in my medical condition that could in any way affect my ability to participate in a safe and competent manner. I also agree to comply with any request from AMA regarding evidence of medical condition. I understand that AMA retains the right to prevent me from participating in sanctioned events pending examination(s) to determine my medical condition or my ability to participate in a safe and competent manner.

3. **Production and Promotion Rights:** I agree that all rights, property, and interest in any broadcast by audio, radio, television, motion pictures, home video production, Internet or any other means or media (including the transcription of any broadcast) of any AMA sanctioned event shall be the sole property of AMA. Any and all revenues from any broadcast shall belong to AMA for its sole and unlimited use. I hereby consent to the use of my images of and waive any intellectual property interests that I own that would in any way interfere with any broadcast of any AMA sanctioned event.

I further agree that AMA or its assigns, on a non-exclusive basis, may use my name and pictures (including pictures of my racing equipment, if owned by me, and pictures taken at any sanctioned event) for any purpose and in any media including, but not limited to, television, internet, motion pictures and home video production.

I also understand that AMA may, from time to time, engage a sports marketing firm, to, among other things, promote the image of AMA professional motorcycle racing, and I agree to cooperate with AMA and its sports marketing firm in such efforts.

4. **Independent Contractor:** I hereby certify that I am not an agent or employee of AMA, and I assume all responsibility for all charges, premiums and taxes, if any, payable on any funds that I may receive as a result of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, income taxes and withholding taxes.

5. **Crew Member:** I represent that my designee is a member in good standing of the AMA or will join such association and pay applicable dues and any other required fees when registering as a Crew Member. I understand that a person registering as a Crew Member is subject to the AMA 2012 Supercross Series Rulebook and I confirm that my designee is 16 years of age or older.

6. **Waiver:** I acknowledge that motorcycle racing is a dangerous activity, the risks of which cannot be completely eliminated. I acknowledge that by participating in any AMA sanctioned event, I am assuming the risk of property damage and serious injury up to and including death. I acknowledge that I will have the opportunity to inspect and review any and all courses upon which AMA sanctioned events shall be conducted, and I waive any and all claims for personal property damage, injury, or death against AMA, or any of their respective directors, officers, employees, or agents.

7. **Insurance Coverage:** I certify that I have primary medical, permanent disability and life insurance coverage for injuries that occur during AMA Pro Racing competition and official practices.

8. **Acknowledgment and Representation:** I acknowledge and understand that it is my responsibility to properly maintain this license. I understand that my license is subject to the AMA 2012 Supercross Series Rulebook. I represent that I am not contractually or otherwise prohibited from entering into any and all of the agreements set forth in Paragraphs 1 through 8 hereof.

I further acknowledge that this license/credential has been issued by AMA for the exclusive use by me. I agree to act in accordance with the AMA 2012 Supercross Series Rulebook, which serves as the official competition rules of AMA Supercross and agree to abide by any amendments or supplemental rules. Transfer or misuse of this license/credential is cause for revocation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_