

PLEASE NOTE: All HSR Membership Renewals are now being handled through the new E-Registration System.

Please follow the directions below to renew your membership:

1. Go to www.hsrrace.com, and click on the E-Registration button; Log Into your profile and renew membership.

OR

1. Fill out this Application Packet and send into the HSR office at the address listed below.

PLEASE MAKE SURE TO SEND A DIGITAL PHOTO OF YOURSELF TO BE USED ON YOUR LICENSE.

THIS APPLICATION IS TO BE USED FOR A 2 YEAR MEMBERSHIP

MEMBERSHIP FEES: All 1 year memberships expire on December 31st of the year of issue, 2 year memberships expire on December 31st of the second year. All memberships include a subscription to *Classic Motorsports* magazine and admittance for the member to all HSR sanctioned events.

Type of License Applying For: Please Check One

ALL COMPLETED RENEWAL PACKETS* RECEIVED BEFORE DECEMBER 31ST WILL RECEIVE THE REDUCED FEE - \$15 off**

(ALL required documents to renew license were received by the HSR Office by 12/31/16)**

2 Year Membership Fees

| | | |
|-------------------|-------|-------|
| Super License | _____ | \$600 |
| CCR Comp. License | _____ | \$410 |
| HSR Comp. License | _____ | \$410 |

PLEASE PRINT CLEARLY

Name: _____ Email: _____

Address: _____ City, State, Zip _____

Phone (W): _____ (H): _____ (C): _____

HSR E Registration Account Name: _____

If you do not create an online account, a generic username & password will be issued to you, once your registration is complete you will be able to manage your HSR membership through the portal located on the HSR website.

Payment Information:

Card # _____ Exp Date: _____ CVV: _____

Billing Zip Code if Different from Above: _____ **Checks made payable to: HSR**

I understand the HSR reserves the right to refuse any application for any reason and that acceptance of this license application and fee by any HSR official does not constitute approval of the application and that all applications must be officially approved by HSR.

| | | |
|-------------------------|--|--|
| HSR (O) 727-573-1340 | Please Mail All Paperwork to: P.O. Box 8110 (F) 727-573-1350 | Clearwater, FL 33758 Email: registrar@hsrrace.com |
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**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT FOR ALL HSR EVENTS – 2017 & 2018 SEASON**

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in ANY HSR organized, sanctioned, promoted, or related events or activities (“Events”) for and during the calendar year of 2017 & 2018 or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), on behalf of myself, my personal representatives, heirs, and next of kin:

1. I acknowledge, agree, and represent that I have or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which I enter, and further agree and warrant that, if at any time, I am in or about RESTRICTED AREAS and I feel anything to be unsafe, I will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE HSR, its parent subsidiary, or affiliated corporations or entities and/other racing associations or series, sanctioning organizations or any subdivisions thereof, track operators, track owners, participants, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) their parents, subsidiaries, wholesalers, and affiliated corporations and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as “Releasees”, FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any loss, liability, damage, or cost they may incur due to claims brought against the Releasees arising out of my injury or death or damage to my property while I am in the RESTRICTED AREAS and/or while competing, practicing, officiating, observing or working for or for any purpose participating in the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
4. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. I HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I HEREBY agree this Agreement shall be binding upon and enforceable against me, my Personal representatives, spouse, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S) during the calendar year.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

READ CAREFULLY BEFORE SIGNING (PLEASE PRINT CLEARLY)

APPLICANT Legal Signature: _____ Date: _____

Applicant Printed Name: _____ Date of Birth _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____



Signature of Witnessing Notary Public

County, State of _____

My Commission Expires: _____



MEDICAL EXAMINATION FOR VINTAGE ROAD RACING

Physical Examination of: _____

Date of Examination: _____

Racing organization requesting this medical exam: *HISTORIC SPORTSCAR RACING, LTD*

To The Applicant: *Physical examination is required every 2 years.* As applicant, you should fill out the required applicant information at the top of this page and on page two.

On completion of the Examination by your physician, verify that this form has been fully completed and signed by **both you and the physician on both pages**. Then submit this entire form to: *Historic Sportscar Racing, Ltd*
P.O. Box 8110
Clearwater, FL 33758
Attn: Licensing

Applicant should retain a copy of this entire packet for your records should our organization (or another you are racing with) wish to inspect it.

As applicant, and by signing below, you understand that any alteration or forgery of this document are grounds to invalidate this exam and could result in expulsion or sanctioning. You hereby authorize your physician to release to any medical information that may affect your ability to safely participate in racing events. You authorize this organization to contact your physician to verify both that this exam was completed and that his recommendation is as shown below. You also agree to notify our organization of changes in your health which may affect your ability to safely participate in vintage racing.

Signed: _____ **Date:** _____

To The Examining Physician: This exam is required to assure that the applicant is in good health and can be expected to withstand the rigors of vintage racing. Vintage automobile racing is a speed event involving numerous cars on the track at the same time. As may be specified by various sanctioning bodies, the drivers are protected by roll bars, restrained within the car by a racing harness and must wear fire retardant clothing and helmets designed for auto racing. Practice and race sessions typically last 15 to 30 minutes, but can be longer. The racing environment can be very hot and speeds for brief periods can be 90 to 150mph.

You are being asked to examine this individual who is applying for a vintage auto racing competition license. This form concentrates on assessing the organ system and disease processes that may jeopardize the applicant or others attending a competition race event.

The functional requirements of the applicant to drive in a competition automobile are:

- Brain: The ability for rapid mental activity and problem solving.
- Limbs: The ability to rapidly operate acceleration, braking and steering mechanisms and to rapidly exit the car without assistance.
- Vision: Distant Vision correctable to 20/30 each eye, normal depth perception, peripheral vision to 70 degrees in the horizontal median for each eye and the ability to distinguish basic colors.
- Minimal chance of sudden incapacitation from any disease process.

The environment in which the applicant may operate a competition automobile is:

- Temperature Extremes from 0 to at least 120 degrees.
- Smoke, fumes, vapor and dust.
- Noise and vibration, deceleration and cornering forces.
- Potential for the presence of fire.

After reviewing the above applicant's medical history and performing appropriate physical examination and/or tests please sign both this page (below) and also on page two.

Signed: _____ **Date:** _____

Physical Examination of: _____

Applicant's Information (To be completed by the patient prior to the examination):

Name: _____ Age: _____
Street: _____ Sex: _____
City: _____ Weight: _____
State: _____ Date of Birth: _____
Zip: _____ Eye Color: _____
Phone: _____ Hair Color: _____
Email: _____ Personal Physician: _____
Do you have a license from Historic Sportcar Racing? Yes / No If "Yes", license number _____

Conclusion of The Examining Physician:

After reviewing the information on page one regarding the physical demands of vintage racing, the applicant's medical history, and performing this examination, please note your conclusion (Check one):

At this time, the patient is physically and psychologically fit to drive a race car in competitive events at high speed,

OR

At this time, the patient is NOT FIT physically or psychologically to drive a race car in competitive events at high speed.

Signed: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____

For Official Use Only:

Date received: _____