



# 2-YEAR COMPETITION RENEWAL APPLICATION PACKET – 2021/2022

Please follow the directions below to renew your membership:

- Fill out this Application Packet and send into the HSR office at the address listed below. Renewal packet is not considered complete until all required documents are submitted to the HSR Office.
- Be sure to include a completed Annual Waiver (Signed and Witnessed).
- Be Sure to include a completed Medical Form (if required for renewal period)

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 31<sup>st</sup> of the second year of issue. All memberships include a subscription to *Classic Motorsports* magazine and admittance for the member to all HSR-sanctioned events.

**ALL COMPELETED RENEWAL PACKETS\*\* RECEIVED BEFORE DECEMBER 31<sup>ST</sup> WILL RECEIVE THE REDUCED FEE - \$15 off**

**(\*\*ALL documents required to renew license were received by the HSR Office by 12/31/20)**

*Type of License Applying For: Please Check One*

### 2-Year Membership Fees

Super License \_\_\_\_\_ \$600

(Super License is required for any person wishing to compete in a WSC, LMP, or like race car)

HSR Comp. License \_\_\_\_\_ \$410

(Competition License required for all cars not requiring a Super License)

### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

#### Payment Information:

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

I understand that HSR reserves the right to refuse any application for any reason, 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@hsrace.com
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# 2021/2020 ANNUAL

## ANNUAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**A NEWLY EXECUTED WAIVER IS REQUIRED EVERY 12 MONTHS**

IN CONSIDERATION of my being permitted in RACING PROGRAMS to enter, for any purposes, the RESTRICTED AREA (herein defined as, including but not limited to the racing surface, pit areas, infield, burn-out area, approach area, shut down area, and all walkways, concessions, and other appurtenant areas where any activity related to the event shall take place or where special authorization, permission, or credentials are required, or where admittance to the general public is restricted or prohibited), or to compete, officiate, observe, work for, or for any purpose participate in the event in any way, I agree:

1. I AM AWARE OF THE NATURE of the EVENT(S) and my experience and capabilities, and believe myself to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which I may come in contact, AND IF I BELIEVE ANYTHING IS UNSAFE, I WILL IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND and EXPRESSLY acknowledge that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. THE UNDERSIGNED also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES. THE UNDERSIGNED FURTHER UNDERSTANDS that: (a) the above referenced ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING VIRAL INFECTIONS, BACTERIAL INFECTIONS AND OTHER COMMUNICABLE DISEASES AND ILLNESSES, PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time.
3. I HEREBY ACCEPT AND ASSUME ALL SUCH RISKS KNOWN AND UNKNOWN AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES INCURRED FROM SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of PREMISES on which the Event is conducted, premises inspectors or Event inspectors, surveyors, underwriters, consultants, and other persons or entities who give recommendations, directions, instructions, or engage in risk evaluation or loss control activities regarding the premises or EVENT(S), and each of them, their officers, directors, 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 CLAIMS, DEMANDS, LOSSES OR DAMAGES INCURRED FROM ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
5. If, despite this release, I, or anyone on my behalf, makes a claim against any of the RELEASEES named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them from any litigation expense, attorney fees, loss, liability, damage, or cost they may incur due to the claim made against any of the RELEASEES named above, whether the claim is based on the negligence of the RELEASEES or otherwise.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OF ANY NATURE AND INTEND FOR IT TO BE ENFORCED TO THE GREATEST EXTENT ALLOWED BY LAW.

I HAVE READ THIS RELEASE

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date



**MEDICAL EXAMINATION FOR VINTAGE ROAD RACING**

**Physical Examination of:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

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

**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, LLC  
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: \_\_\_\_\_