

**2010 CMPA/Tri-State
Membership & Insurance Form**

Applicant:

Name _____ Date of Birth _____ SS# _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Business Phone Number _____ Cell Phone Number _____

All checks are to be issued to: Name _____

Membership:

A separate application is required for each driver.

Membership Fees:	Fee Postmarked before March 15, 2010 \$100.00	Fee Postmarked after March 15, 2010 \$120.00
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Membership Fee Enclosed: \$ _____

Vehicle Information:

Vehicle Name _____ Class _____

Year _____ Make _____ Model _____

Engine Model _____ Cubic Inch Size _____

Insurance:

When competing at a CMPA/Tri-State Sanctioned event with a CMPA/Tri-State Membership & CMPA/Tri-State Promoter Insurance the following coverages are in effect:

EXCESS MEDICAL - \$250,000
ACCIDENTAL DEATH & DISMEMBERMENT - \$25,000

Beneficiary:
Primary _____ Secondary _____

LIABILITY

Promoter Event Insurance - \$10,000,000
Membership Insurance - \$10,000,000

Competitor Insurance Fee:	By Dec 15, 2009 \$150.00	By Feb 1, 2010 \$170.00	After Feb 1, 2010 \$190.00
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Insurance Fee Enclosed: \$ _____

Fees

Membership Fee \$ _____

Insurance Fee \$ _____

Total Payment Enclosed \$ _____

**Make checks payable to CMPA/Tri-State and mail to: CMPA Tri-State
7993 Tower Rd
Hillsboro, MO 63050**

In consideration of being granted a CMPA/Tri-State membership, I have read the agreement of release on the bottom of this application and have signed the Release and Wavier of Liability and Indemnity for all CMPA/Tri-State events.

In consideration of the CMPA/Tri-State Promotional efforts on behalf of the sport, I hereby assign all commercial pictures and broadcast rights to the CMPA/Tri-State.

Applicant's Signature _____ Date _____

This form must be filled out completely and signed to be valid.

AGGREEMENT OF RELEASE

1. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE CMPA/TRI-STATE AS AN ASSOCIATION, INCLUDING ALL ITS CORPORATE ELECTED AND APPOINTED OFFICIALS, ALL MEMBERS OF COMMITTEES, REFEREES AND INSPECTORS, ITS INDIVIDUAL MEMBERS, ITS MEMBER CLUBS, AGENCIES OF GOVERNMENT WHICH CONTROL ESSENTIAL EVENT SITES, FINANCIERS AND FIRMS WHICH RENDER ESSENTIAL GRATIS, INCLUDING ALL OFFICERS, AGENTS, AND EMPLOYEES OF THE FOREGOING AND VOLUMTEER WORKERS ASSISTING IN SANCTIONED CMPA/TRI-STATE EVENT ACTIVITIES, ALL HEREINAFTER REFERRED TO AS "Releasees" from or for any and all liability to me, my personal representatives, heirs, next of kin, successors and assigns, for all loss or damage for bodily injury, or death or damage to property of the undersigned which in any way grows out of or results from any CMPA/Tri-State event activity or part thereof, during the actual sanction period and whether any such claim may be based upon alleged breach of any statutory duty or obligation; and
2. 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 the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releasees, or otherwise.
3. HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence or releasees or otherwise while in or upon the restricted area, and/or while competing, officiating, observing, or working for or for any purpose participating in the event.
4. EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE THE RISK OR SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE, THE UNDERSIGNED further expressly agrees that the foregoing Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the Providence or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.