OHIO VALLEY KARTING ASSOCIATION 2015 MEMBERSHIP APPLICATION

C/O Lynda Coombs, P.O. Box 94, Collinsville, OH 45004

PLEASE CHECK ONE:

| ☐ 2015 NEW MEMBER | R - \$35.00 □ 2015 R | ENEWAL BY 4/1/15 | - \$35.00 □ 2015 | RENEWAL A | FTER 4/1/15 - \$50.00 | |
|--|--|--|---|---|--|--|
| NAME (18 years of age or old | ler): | | | | | |
| ADDRESS: | | EMAIL ADDRESS: | | | | |
| CITY: | STATE: | ZIP CODE: | HOME PHONE: () | | | |
| CELL PHONE: () | OCCU | PATION: DRIVER INFORM | EMPLOYER: | | | |
| 0 | Drivers who turn 18-years | | | mbership form) | | |
| NAME | BIRTHDATE SE | EX RELATIONSHIP | 2015 CLASS | KART # *See note below | TRANSPONDER # | |
| | | | | | | |
| | | | | | | |
| *Please provide a first, second & t of sign-in on the first points event. date and on a first-come first-serv. If accepted as a Member of Oventitle me and my immediate family listed of this membership application and fee by | The number "1" will be reserted basis. VKA, I (and including my immediated above to participate in the club race. | ved for the previous year's class family) agree to abide by the By-I sing events, that I will receive the p | ss champion, if desired. On aws and Regulations of the orgonications of OVKA, which in | pen numbers will be a ganization. I also understandludes a current rulebook | assigned based on postmark and that my paid membership dues . I understand that the acceptance | |
| | | TE OF HEALTH FO | | | | |
| level and altitudes up to 7000 ft, with sur fainting, loss of balance, loss of muscula himself, competitors, spectators, and oth Further, pursuant to the best in | ar coordination, and in general, free of there in attendance in jeopardy of injurterests of the above named minor(s), | sure to conditions of humidity and of other physical ailments(s) that cory. competitors, spectators, and others | emperature. Further, it is also ald be aggravated by the stress in attendance at kart competiti | stated that the above name of driving in kart competi on events, there is no inte | ed minor(s) is (are) not subject to tion events thereby placing nt to conceal a possible condition | |
| when such revelation would be ample ca Below is my signature attesting to the ab | | ng of membership or in any other w | ay ratify the participation of sa | id minor(s) in karting even | nts sanctioned by the association. | |

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

OVKA AGREEMENT OF RELEASE

IN CONSIDERATION of being granted the benefits of membership by OHIO VALLEY KARTING ASSOCIATION, for myself, my personal representative, heirs, next of kin, successors and assigns, DO:

- (a) HEREBY AGREE TO ASSUME ALL RESPONSIBILITY AND LIABILITY FOR ALL ACTS OR ACTIVITIES of myself, my drivers, assistants and crew for any and all damage or injury that may be caused by any or all of us or by our kart, motor, properties or possessions, in any way growing out of or resulting from the operation of my equipment and/or as a result of our participating in an OHIO VALLEY KARTING ASSOCIATION event or time trial during the actual sanctioned period.
- (b) HEREBY AGREE to be bound by all of the rules of the Association and agree that decisions of its officials and/or interpretation of its rules will be governed exclusively by the administrative review and appeal procedure set forth in such rules.
- (c) HEREBY RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE THE OHIO VALLEY KARTING ASSOCIATION as an association including all its corporate, elected, and appointed officials, all members of committees, referees and inspectors, its individual members, agencies of government which control essential land sites, financiers and firms which render essential service gratis, including all officers, agents and employees of the foregoing and volunteer workers assisting in sanctioned representatives, heirs, next of kin, successors and assigns, for all loss or damage for bodily injury, death or damage to property of the undersigned which in anyway grows out of or results from any OVKA race, practice, or time trial activity or part thereof, during the actual sanctioned period and whether any such claim may be based upon alleged active or passive negligence whether caused by the release or otherwise, or participation in the wrong, or upon any alleged breach of any statutory duty or obligation and
- (d) HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 releases or otherwise.
- (e) HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases 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.
- (f) THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES 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 further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad as and inclusive as is permitted by the law of the 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 legal force and effect.
- (g) IN CONSIDERATION OF THEIR PROMOTIONAL EFFORTS ON BEHALF OF THE SPORT, I hereby assign all commercial communication and broadcast right to OVKA and do declare it is my lawful agent and representative regarding such rights. I agree that OVKA or its assigns, on a non-exclusive basis, may use my name and pictures, including pictures of my racing equipment, and pictures taken at any sanctioned event for publicity purposes. I also agree that my name, address and phone number may be printed in the OVKA Directory.
- (h) BY VOLUNTARILY AFFIXING MY SIGNATURE BELOW, I WARRANT THAT I have read and understand all of the foregoing, that I have received and read the Ohio Department of Health's Concussion Information Sheet for Youth Sports Organizations, that I accept valuable BENEFITS OF MEMBERSHIP as good, valid and adequate considerations; the statements in my application are true and the releases will rely on them and upon all my commitments in entering into a membership contract with me. To ensure compliance with racing rules, I also hereby give my permission for any paramedic or EMS personnel to release information regarding any head injury or concussion to OVKA race officials.

APPLICATION FOR MEMBERSHIP WILL NOT BE CONSIDERED UNLESS THIS AGREEMENT IS SIGNED BELOW:

| SIGNED: | DATE: |
|----------|--------------|
| WITNESS: | DATE: |

WKA MINOR RELEASE MUST BE SUBMITTED FOR ALL MINORS (UNDER 18 YEARS OF AGE).
PROOF OF AGE REQUIRED FOR ALL DRIVERS (COPY OF DRIVER'S LICENSE, BIRTH CERTIFICATE OR PASSPORT).