



Competition License Application

- This is my first time applying for a NASA Rally Sport Competition License
- I am renewing my NASA Rally Sport Competition License

NASA Membership number (if known) _____

Name _____ Phone (_____) _____ - _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ E-mail _____ @ _____

<input type="checkbox"/> I am in the Western rally region All applicants from the Western rally region will send this license application and fee to: Donna Hocker Creative Edge Events PO Box 1388 Ridgecrest, CA 93556 The \$50 annual license fee should be made out to: "NASA Rally Sport"	<input type="checkbox"/> I am in the Eastern rally region All applicants from the Eastern rally region will send this license application and fee to: Anders Green NASA Rally Sport East 217 Caniff Lane Cary, NC 27519 The \$50 annual license fee should be made out to: "NASA Rally Sport"
---	--

- Medical questionnaire is attached.
- If I answered "Yes" to any conditions on my Medical Questionnaire, I have also attached a medical evaluation.
- A copy of my state's driver's license is attached.

Check all that apply:

- I possess a valid NASA membership.
- I have read and understand the NASA General Regulations for Rallies. (available online at NASARallySport.com)
- I have a copy of my vehicle's class rules (i.e. Prototype, Modified, Stock, RallyMoto™).
- I have never been suspended for any organization for a driving infraction or misconduct.
- I understand that there are small children in the paddock area.
- I understand that there is a five-mile per hour speed limit in the paddock area.
- I understand that failure to follow all of the instructions, including the paperwork listed here within for obtaining a license, will result in rejection of my application.
- I agree to abide by the decisions of the Championship Director, Stewards of the Meet, and the Clerk of the Course.

Non-renewal applicants please answer the following questions regarding rally sport participation.

- 1) How many rallies (total) have you participated in with NASA? _____
- 2) How many rallies (total) have you participated in with another sanctioning body? _____
- 3) List NASA licensing seminars or school attended: _____
- 4) I have participated with NASA in the following rallies: _____
- 5) List driving school(s) / rally sport experiences outside of NASA (include a separate sheet if needed).

Driver's Signature: _____ Date: _____

Official Use Only Date license issued: _____ Date license expires: December 31

APPLICANT'S MEDICAL HISTORY QUESTIONNAIRE

(To be completed by applicant)

Applicant: for the purpose of obtaining a NASA Rally Competition License, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your license.

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, State & Zip: _____

Phone: (H) () _____ (W) () _____ Region of Record: _____

Occupation: _____ Sex: _____ Marital Status: _____ Yrs as licensed racer: _____

Your personal physician: _____ Phone: () _____

Address: _____ City, State & Zip: _____

Examining physician: _____ Phone: () _____

Address: _____ City, State & Zip: _____

Have you been treated for, have you ever had, or do you now have any of the following:

("Yes" responses should be explained on a separate sheet and require a physician's examination when submitted.)

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Heat trouble:		
Coronary artery disease or angina		
Valve disease		
Left bundle Brach block		
Abnormal cardiac rhythms		
High blood pressure		
Any drug, narcotic, or alcohol problems		
Psychiatric/mental health problems		
Operation(s) involving eyes, brain, heart, nerves, blood vessels, or bones		
Previous waiver(s) from NASA for a medical condition:		
List:		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood disease including abnormal bleeding		
Admission to a hospital in the past 12 months		
Allergy(s) to medications		
List:		
Amputations/physical disability		
Previous denial(s) from NASA due to medical reason(s)		
List:		
Illness(s) not mentioned above		
List:		

Comments: _____

Medications used (including eye drops): _____

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to the NASA medical director.

Applicant's Signature: _____ Date: _____

RELEASE OF LIABILITY

Please read and sign. This agreement releases us from all liability.

I AM AWARE THAT MY PRESENCE AT THE RALLY/RACE, WHETHER INVOLVED IN PIT CREW ACTIVITIES, SPECTATING, DRIVING/CO-DRIVING AN AUTOMOBILE, RIDING IN AN AUTOMOBILE TO A RACE OR TEMPORARY CIRCUIT DESIGNED FOR AND USED AS A RALLY COURSE, WHETHER IN A RACE, TIME TRIAL, DRIVER EDUCATION PROGRAM, FOR PRACTICE, TESTING, OR OTHERWISE IS A HAZARDOUS ACTIVITY INVOLVING A HIGH-DEGREE OF RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN SUCH ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH RESULTING FROM THIS ACTIVITY.

I hereby forever release National Auto Sport Association, American Rally Sport Group, and Rally Promotions, Lina Racing, their officers, members, workers, sponsor of the event, participant, instructors, car owners, any other officials thereof, and all other persons (hereinafter "releasees"), from any and all liability to me or to my personal representatives, heirs, next of kin and assigns, for any and all loss or damage on account of any injury to my person or property or resulting in my death arising out of or related in any way form my presence at the activity.

This GENERAL RELEASE expressly releases RELEASEES, from injuries and damages which are caused by negligence (whether active or passive, ordinary or gross), or otherwise. By signing this form I am agreeing to be a participant at this event.

I further agree to indemnify and hold harmless RELEASEES for any and all claims, demands, or liability in breach or violation of the terms of this release.

This RELEASE is intended to be as broad and inclusive as permitted under applicable state law and shall be applicable to all events in which I participate. If any portion or provision of this release is held invalid, it is agreed that the balance of the RELEASE shall continue in force and effect.

I HAVE CAREFULLY READ THIS RELEASE AN FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature Date

Print Name

Witness (event official or registrar) Date

Please have notarized IF NOT signed in the presence of a NASA event official.

Notary Date

Affix Seal / Stamp Here
_____ #

Expires