



- NBL LICENSE FEE..... \$50
- SECOND LICENSE DISCOUNT..... \$25
- BRING A BUDDY RECRUIT DISCOUNT..... \$25
- BUDDY NBL # _____
- BUDDY NAME _____
- FREE RENEWAL LICENSE
(MUST MEET CRITERIA WITH PROOF ATTACHED)
- DUPLICATE LICENSE FEE..... \$3
- PROFICIENCY UPGRADE
- ADDRESS CHANGE

PLEASE CHECK THE APPROPRIATE RENEWAL BOX BELOW AND WRITE YOUR NBL MEMBERSHIP NUMBER IN THE BOX TO THE RIGHT

RENEWAL <input type="checkbox"/> 2ND LICENSE RENEWAL <input type="checkbox"/>	
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COMPLETE THE BOTTOM OF PAGE 2

FOR THE 2ND LICENSE DISCOUNT, YOU MUST LIST YOUR CURRENT NBL LICENSE #:

ALL FEES ARE NON-REFUNDABLE

RIDER INFORMATION

FIRST NAME		LAST NAME	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
ADDRESS			
<input style="width: 95%;" type="text"/>			CHECK IF NEW ADDRESS <input type="checkbox"/>
CITY	STATE	ZIP CODE	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
HOME PHONE NUMBER	MOBILE PHONE NUMBER	DO YOU HOLD A LICENSE WITH ANOTHER BMX SANCTIONING ASSOCIATION? IF YES, IN WHICH PROFICIENCY?	
() - <input style="width: 100%;" type="text"/>	() - <input style="width: 100%;" type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH	AGE	GENDER <small>CIRCLE ONE</small>	LAST 4 DIGITS OF SS# (REQUIRED)
MONTH / DAY / YEAR	<input style="width: 100%;" type="text"/>	M / F	<input style="width: 100%;" type="text"/>
RIDER EMAIL ADDRESS <small>Email is used to provide information to riders. Will not be shared.</small>		RIDER SPONSOR	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	

RIDER PROFICIENCY

- ELITE MEN
- ELITE WOMEN
- MASTERS
- SUPER-EX
- ELITE CRUISER
- ELITE WOMEN CRUISER
- EXPERT
- GIRLS
- NOVICE
- MALE CRUISER
- FEMALE CRUISER
- MALE ROOKIE
- FEMALE ROOKIE

DATE

EMERGENCY CONTACT INFORMATION	CONTACT NAME		RELATIONSHIP TO RIDER	
	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
	HOME PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER	
	() - <input style="width: 100%;" type="text"/>	() - <input style="width: 100%;" type="text"/>	() - <input style="width: 100%;" type="text"/>	

NAME AND LIKENESS RELEASE AND CONSENT

By registering to participate in National Bicycle League BMX Racing Events, and for good and valuable consideration, I release and grant to the NBL, including its subsidiary and affiliated entities, and NBL authorized local organizations and Tracks, their officers, directors, employees, volunteers, agents, and other organizations affiliated with the NBL, the right to use my name, likeness, image, photography, voice, video, athletic performance, biographical information and any other indication of identity, in any format whatsoever, from any NBL event or activity in which I participate hereafter (collectively, my "Identifications") and to distribute, broadcast and exhibit my Identifications, without charge, restriction or liability, in any media now known or hereafter devised (including, but not limited to television, internet, web casting, and video streaming) or in various publications (including, but not limited to the NBL magazine, directories, media guides, marketing materials and the NBL website [www.nbl.org]) into perpetuity, unless otherwise specified and agreed upon. I understand that I will not receive any compensation for any such use of my Identifications. It is also agreed that at no time can the NBL release or authorize the use of my Identifications to an unrelated third party for the purpose of my endorsement of any commercial property, product or service without my written permission.

TAX RESPONSIBILITY

I assume the full responsibility for the payment of any charges, premiums or taxes, if any, payable on any funds that I receive as a result of my competitive activities, including but without limitation to payment of Social Security Taxes, Unemployment Insurance Taxes, Federal Income Taxes or Withholding and/or estimated payment of Federal Income Taxes and/or any Workman's Compensation benefits or insurance coverage.

TRACK USE ONLY

TRACK NUMBER	TRACK NAME	DATE	AMOUNT PAID	CLERK INITIALS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

FOR NBL OFFICE USE ONLY



RELEASE, WAIVER, INDEMNIFICATION AND MEDICAL CONSENT AGREEMENT

In consideration of, and as a condition to my participating in any and all National Bicycle League, Inc. ("NBL") activities, which include, but are not limited to, events, races, shows, jumping contests, practice/training sessions, officiating, observing, or other use of an NBL track/course for any purpose (collectively "Activity" or "Activities"), I AGREE TO THE FOLLOWING:

(1) Prior to participating in any Activity: (i) I will inspect the track/course to ensure that I have the requisite skill, experience, ability and standard of competence to use and complete the track/course in a safe manner and to report anything I feel is unsafe regarding the track/course immediately to an NBL representative; and (ii) I will inspect my bicycle equipment and my safety protective wearing apparel to ensure that they comply with NBL standards prior to participating in any activity as defined above. I recognize the importance of and will comply with all NBL safety procedures and guidelines, including, but not limited to, the required use of bicycle safety equipment and rider protective wearing apparel. I will also obey all instructions from NBL personnel regarding all Activities. (The NBL standards, safety procedures and guidelines are published in the NBL Rule Book and in the NBL website.)

(2) I UNCONDITIONALLY RELEASE, WAIVE AND DISCHARGE THE NBL AND USA CYCLING, INC. and their agents, servants and employees, track directors, administrators, volunteers, directors and officers, officials, sponsors, promoters, advertisers, co-participants and the owners and lessees of the property used to conduct the Activity (collectively the "NBL Parties") FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES, INJURIES, SICKNESS, DISEASE, OR DEMANDS OF ANY KIND OR NATURE WHATSOEVER FOR ANY INJURIES, SICKNESS OR DISEASE I MAY SUSTAIN, DEATH AND DAMAGE THAT MAY BE CAUSED TO MY PROPERTY in connection with or may arise from any Activity, even if my personal injuries sustained, death or property damage is caused in whole or in part by the NEGLIGENCE OR FAULT OF THE NBL PARTIES.

(3) ASSUMPTION OF RISK. I acknowledge that bicycle motocross racing is an inherently dangerous activity and there are risks associated with it, including, without limitation: the dangers of collision with pedestrians, vehicles, other racers, and fixed or moving objects, the dangers arising from surface hazards, equipment failure, inadequate safety equipment, THE NEGLIGENCE OF THE NBL PARTIES, and weather conditions; and the possibility of sustaining serious injury, death and property damage. I UNDERSTAND THE RISK AND VOLUNTARILY ASSUME AND ACCEPT THE RISK of participation.

(4) I hereby grant permission to NBL sanctioned facilities and their duly authorized representative(s), to consent to first aid, emergency medical care and all other medical or surgical care they deem reasonable necessary to the health and well being of myself (or son or daughter, if minor). Also, when necessary for executing such care, I grant permission for hospitalization at an accredited hospital and for NBL officials to transport me (or son or daughter, if minor) to and from medical facilities.

(5) I HEREBY AGREE TO HOLD HARMLESS, INDEMNIFY AND REIMBURSE THE NBL PARTIES from any and all lawsuits and judgments that may come about as a result of participating in any Activities, INCLUDING ANY LAWSUITS OR JUDGMENTS ARISING FROM THE NEGLIGENCE OF THE NBL PARTIES. This indemnification shall include and not be limited to any settlements, judgments or awards by a court, or by arbitration. Said indemnification shall include attorney fees and costs incurred by the NBL Parties in connection with any action or defense necessary to protect themselves under the terms of this Agreement.

(6) I am in general good health, physically able to compete in bicycle motocross racing, and do not possess any medical infirmity or impairment which would jeopardize my health.

(7) I understand and agree to comply with the NBL Rules and Regulations regarding the Activity. I understand that any license issued by NBL is a privilege to participate and not a right. The license may be revoked, suspended or otherwise rendered invalid at any time either with or without cause by action of the Director of Competition or the Board of Directors, subject to the Rules and Regulations of the NBL.

(8) I have read this AGREEMENT in its entirety and understand and agree to be bound in full by all terms stated herein. The terms of this Agreement shall be binding on my heirs, estate, executor, administrator, assignees and all members of my family. Every term and provision in this Agreement is intended to be severable, and if a court determines that any term or provision (or any portion thereof) is unenforceable or invalid, that shall not affect the enforceability of remainder of this Agreement, including the enforceability of the remaining portion(s) of any term or provision found to be unenforceable or invalid.

APPLICATION MUST BE SIGNED AND DATED OR APPLICATION WILL BE RETURNED.

NAME OF PARTICIPANT (PLEASE PRINT)

PARTICIPANT SIGNATURE

DATE

[Empty box for Name of Participant]

[Red X mark in box for Participant Signature]

[Empty box for Date]

THE BEST IN BMX SINCE 1974



FOR MINORS - PARENTS OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I am the parent or legal guardian of the Participant and represent to the NBL that the facts herein concerning my child or ward are true and accurate. I am signing this Agreement on behalf of myself and my child or ward, agree to all the terms and conditions, including the Name and Likeness Release and Consent and otherwise give my permission and consent for my child or ward to enter any bicycle race or event sanctioned by the NBL during the period of the license applied for.

[Empty box for Parent/Guardian Name]

[Red X mark in box for Parent/Guardian Signature]

[Empty box for Date]

PARENT/GUARDIAN NAME (PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE

DATE

WHITE COPY - NBL OFFICE | GREEN COPY - NBL OFFICE (2ND TRIAL, \$20 PAYMENT ONLY) | YELLOW COPY - TRACK | PINK COPY - RIDER