

# Rally Organizer HP Rally Group, LLC

Competition Entry to OHPRG Sanction Events  
Application -2015

- This is my first time applying for a OHPRG Competition Entry Application
- I am renewing my OHPRG Competition Entry Application
- I have a recognized rally sanctioning body license and understand to pay \$25.00/calendar year.
- I have a non-license with any rally sanctioning body license and understand to pay \$50.00/calendar year.

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

- Medical questionnaire is attached.
- If I answered "Yes" to any medical conditions on my Medical Questionnaire to be truthful about my condition.
- A copy of my state's driver's license is attached.

Check all that apply:

- I possess a valid driver's license.
- I have read and understand the OHPRG Rules Regulation for Rallies. (available online at [www.southwestrallyseries.com](http://www.southwestrallyseries.com))
- I have never been suspended from any organization for a driving infraction or misconduct.
- I understand that there are small children in the service area.
- I understand that there is a five-mile per hour speed limit in the service area.
- I understand that failure to follow all of the instructions, including the paperwork listed here within for obtaining a and result in rejection of my application.
- I agree to abide by the decisions of the Championship Director, Steward(s), 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 OHPRG? \_\_\_\_\_
2. How many rallies (total) have you participated in with another sanctioning body? \_\_\_\_\_
3. List any rally licensing seminars or school attended:  
\_\_\_\_\_
4. I have participated with other rally sanction bodies in the following rallies:  
\_\_\_\_\_
5. List driving school(s) / rally sport experiences outside of OHPRG (include a separate sheet if needed).  
\_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only** OHPRG Admin Fee Date paid: \_\_\_\_\_ Date OHPRG Admin Fee expires: December 31

# APPLICANT'S MEDICAL QUESTIONNAIRE

(To be completed by applicant)

Applicant: for the medical emergency, complete this page legibly and in its entirety. Failure to complete required information will delay the processing of your entry into a OHPRG sanction event.

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: \_\_\_\_\_

Have you been treated for, have you ever had, or do you now have any present medical conditions:  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please fill out comment section)

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 a hospital administration in case of a medical emergency.

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 Organizer HP Rally Group, LLC, (their officers), and organizers, workers, sponsors 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 from 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 OHPRG official or competitor registrar.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

Affix Seal / Stamp Here

\_\_\_\_\_  
#

\_\_\_\_\_  
Expires