

**Office Fax:** 1- (503) 868-6000

Date received (office use only): \_\_\_

# OREGON MOTORCYCLE ROAD RACING ASSOCIATION 2020 Membership Application

1. PERSONAL INFORMATION:	
Name:	Phone: ( )
Address:	Email:
City, State, Zip:	Date of Birth:
2. LICENSE INFORMATION:	
Check the box that best describes your membership app	plication:
OMRRA Expert License Renewal Expert new	to OMRRA Novice Racer Non-Racing Member
If Expert, date of last road race	and race organization:
If OMRRA Expert, last year's number:	
If Expert, 2020 number preferences**: 1st 2 **Membership application must be received by January 3	2 <sup>nd</sup> 3 <sup>rd</sup> (otherwise lowest available) 31, 2020 to retain last year's number.
<ul> <li>or \$40 • Non-racing Club Membership (newsless \$100 • Season Gate Pass (8 race events at W members or pit support)</li> </ul>	visletter, voting privileges, <b>2020 Season gate pass</b> ) etter, voting privileges) MRRA & OMRRA, allows Friday evening entry – for non-race ack days. 13% savings over individual purchase)
\$20 • OMRRA T-Shirt (Please write size need	led Pick up at ASIT on race weekend)
<b>4. LIABILITY RELEASE</b> (read entirely, then sign): In consideration of the granting to me of a road race competition license by the Oregon Motorcycle Road Racing Association (OMRRA); and in consideration of promotion and operation for my benefit of road race events by OMRRA; and in consideration of granting of permission to me to enter, use and remain on track facilities and/or premises at which these events take place by the owners and/or representatives thereof, I hereby, for myself, my heirs, personal representatives and assigns, release, discharge and agree to hold harmless and indemnify OMRRA, the owners and/or representatives of the aforesaid track facilities and/or premises, as well as the directors, officers, agents, employees, and/or members of all of them, of and from all liability, loss, claims, demands, and possible causes of action that might otherwise accrue from loss, damage or injury (including death) to my person or property, in any way resulting from, or arising in connection with, or related to any event, and whether arising while engaged in competition or in practice or in preparation	agree that <i>OMRRA</i> may use my pictures and my name (including pictures take at any event or pictures of my racing equipment) for any purpose in any media. I also agree to abide by <i>OMRRA</i> competition rules at the events to which they apply and to respect the authority of race officials at all events. I have read this application in its entirety and stipulate, under penalty of perjury, that all statistical information set forth herein by my signature is true and complete.  I have read this release. Initial here (required) ().  I hereby confirm, consent and agree to the foregoing.  Signature of applicant (required) Date
thereof, or while upon, entering or departing from said track facilities and/or premises, from any cause whatsoever, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I understand motorcycle racing competition can constitute a hazardous activity and that, by reason of my application for an <i>OMRRA</i> road race competition license and/or my participation in or presence at any competition event, I assume all hazards and risks relating thereto. I also	Racers may only sign the above liability release if they are at least 18 years old. If the racer is under 18 years of age notarized parental signature(s) are required. See page 2.
5. PAYMENT (Circle One: Check / Money Order / Visa / N	Master Card / PayPal to omrrainfo@gmail.com):
Card #:	Exp. Date: 3-digit Security Code:
Signature:Check, Visa, or money order (US Dollars) to: <i>OMRRA</i> , PO Box	6388 Portland, Oregon 97228 USA

Email: info@omrra.com

**Office Phone:** (503) 841-6185



### **MEMBERSHIP ENROLLMENT**

# Oregon Motorcycle Road Racing Association Portland, Oregon

## MEMBER ENROLLMENT INFORMATION Date of Birth: Name: Spouse/Domestic Partner: Date of Birth: Mailing Address: State: Zip: Phone: \_\_\_\_\_ Email Address: \_\_\_\_ Additional Eligible Household Members: Includes any dependents claimed on your tax return and elderly or disabled family members living in the same household Date of Birth Relationship **DISCOUNT MEMBERSHIP RATES** ☐ \$100 – 2 Years ☐ \$250 – 5 Years \$50 – 1 Year ☐ \$1,100 – Lifetime Membership ☐ \$275 for 4 years – Lifetime Payment Plan **PAYMENT INFORMATION** ☐ Check payable to Life Flight Network Foundation Credit or Debit (Visa, M/Card, AmEx, Discover): Amount \$ Card Number: Exp: / Security Code: Billing Address: I hereby authorize Life Flight Network to charge the amount indicated above. \_ Date: \_\_\_\_\_ PLEASE RETURN APPLICATIONS TO THE LIFE FLIGHT MEMBERSHIP OFFICE: PO Box 3841 • Portland, OR 97208-3841 • Phone (800) 982-9299 • Fax (503) 678-4369

This application is valid through 5/31/2020. Please contact the Membership Office for an updated application if this form is expired. New member benefits take effect 72 hours after receipt of completed application and payment. Life Flight Network transports patients based on medical need, not membership status. Medicaid beneficiaries should not apply for membership. Life Flight Network operates under its own FAA Part 135 Air Carrier Certificate.

Updated by: AHM

### STATEMENT OF UNDERSTANDING

By becoming a Life Flight Network Member, you agree to the terms stated below.

A Life Flight Network Membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network. Your membership is not an insurance policy but secondary to insurance carriers and health care cost sharing programs. All available insurances will be billed first including health, auto, workers compensation and third-party insurance. Life Flight Network will accept payment from insurance carriers and other third party payers as payment in full.

Membership benefits are available for those eligible household members listed on the member record at the time of transport if the transport is an emergent, medically necessary transport to the closest, most appropriate facility, performed by Life Flight Network, its contracted agents, or reciprocal partners, subject to the reciprocal program's rules.

Membership benefits are extended to the primary member, his/her spouse or domestic partner and dependents claimed on their income tax return. Dependents must be added to the member record within 30 days of birth or adoption. Elderly (age 65+) and disabled family members living in the same household are also covered. Life Flight Network may require documentation or other verification of membership eligibility.

Emergency medical transports are based on medical need, not membership status. Medical need can only be determined by a physician, EMS provider, hospital or another qualified third-party recognized by Medicare, and is in all cases subject to the final determination of the health insurance carrier, if any. Non-emergent transports are not eligible for Life Flight Network membership benefits.

# Brewster Port Angeles Spokane Moses Lake Pullman Kelso Richland Astoria Dallesport Kennewick Portland Pendleton Butte Portland Aurora La Grande Newport Springfield Cottage Grove Boise Rexburg

**LIFE FLIGHT NETWORK LOCATIONS** 

Availability of service cannot be guaranteed due to weather conditions, maintenance, commitment to another transport, out-of-service equipment and other reasons.

New and lapsed membership benefits take effect 72 hours after receipt of a completed enrollment with payment.

Membership fees are non-refundable, non-transferable and are not tax-deductible. Life Flight Network may cease selling and servicing memberships should any governmental body, now or in the future, determine memberships can no longer be offered within their jurisdiction. No refunds will be made for any memberships already purchased.

I transfer directly to Life Flight Network my rights to insurance payments due to me for services provided by Life Flight Network. Such payments shall not exceed Life Flight Network's regular charges. Denial of a claim by an insurance provider must be received by Life Flight Network in writing. Membership benefits do not extend to transports deemed not medically necessary or when insurers deny payments due to coordination of benefit issues. Per government regulations, individuals covered by Medicaid are not eligible for Life Flight Network membership and should not apply.

I specifically release and waive any and all rights, claims or causes of action against Life Flight Network and its employees and agents with respect to my Life Flight Network Membership.

The Membership Program may be canceled at any time for any reason, including financial feasibility and governmental regulation of such programs. Terms and conditions are subject to change. For current terms see <a href="https://www.lifeflight.org">www.lifeflight.org</a>