



# Everything you need for **joining** or **renewing** an NHRA Jr. Dragster driver is in this packet.

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## IMPORTANT INSTRUCTIONS FOR PARENTS

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- 1. Review the checklists at the top of the application** to determine which documents are required for your child's application.
- All forms must be **printed in color: red text must print in red**. All forms must be filled completely.
- Both legal guardians/parents are required** wherever parents' signatures are indicated, and circle their relationship to the child, regardless of with whom the child resides with.
- If sole custody**, he/she must check "yes" and initial where indicated on the Parent/Guardian Release and Waiver of Liability **and** on the Statement of Health. **A copy of the court order indicating sole custody is required as well.**
- Two documents must be notarized.** See additional instructions below.
- Date of most recent physical (month/year) **must be indicated by the doctor** on the Physician's Medical Clearance.
- A certified or notarized copy of the child's birth certificate** must be provided with all new applications. See additional instructions below.
- A separate packet must be submitted for each child who participates. Photocopies, faxes, and/or scans are not accepted.
- Fees are due at time of application: *See Section 6 of application.*
- Submit this packet with any additional required documentation to your home Division Office for processing.

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## LICENSE RUN REQUIREMENTS

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**Before beginning license runs:** Sections 1, 4, 5, and 6 of the Application for NHRA Summit Racing Jr. Drag Racing League Competition License must be completed, **including notarization of the waiver in section 5.** For specifics on license runs and other testing, see sections 2 and 3 of the Application.

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## NOTARIZATION AND BIRTH CERTIFICATE REQUIREMENTS

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- **Two documents must be notarized:**
  - 1) JDRL Competition License Application, Section 5**
  - 2) Parent/Guardian Release and Waiver of Liability.**
- **Certified or notarized copy of applicant's birth certificate REQUIRED**

If not on file with current NHRA JDRL License: **Submit a certified copy**, or if your state's laws allow, a notarized copy. Once submitted, this legal document will **remain on file** and you will not be required to resubmit with each renewal.

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## QUESTIONS?

**Contact your NHRA Division office**

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# NHRA COMPETITION LICENSE REGULATIONS

The license issued by NHRA is to be used only by the driver to whom it is assigned, and it is restricted to the categories listed on the license. The license is valid until its expiration date or until suspended or revoked by NHRA. The license is intended only to signify that the driver has demonstrated basic qualifications for drag racing classes up to and including the one in which the driver has qualified. The license does not convey a right but rather conveys a revocable privilege to participate in events.

## GENERAL

- 1) **Minor Release and Waiver must be completed and notarized before any part of the on-track application process begins. Release and Waiver are mandatory to begin the application process. (omit waiver for Jr Comp applicants 18-20 y/o)**
- 2) All JDRL license applicants must be a minimum of 5 years of age and may participate through the year of their 18<sup>th</sup> birthday. Jr Comp eligible 14 years of age through the year of their 20<sup>th</sup> birthday.
- 3) **Both legal guardians/parents are required** wherever parents' signatures are indicated, and circle their relationship to the child, regardless of with whom the child resides with. In cases of sole custody or guardianship, copy of the court order must be included in addition to signature and relationship.
- 4) Drivers must be in possession of a permanent NHRA License Certificate and NHRA Membership to be eligible for competition.
- 5) If any test runs are older than one year, all runs must be rerun and completed at an NHRA Member Track.

## NEW DRIVER REQUIREMENTS

- 1) **Before beginning license runs:** Sections 1, 4, 5, and 6 of the application must be completed, **including notarization of the waiver in Section 5.**
- 2) The applicant will inform the track manager and/or duly authorized track official of intent prior to any passes. Signatures of observers and times must be filled in after each run.
- 3) The following tests are required:
  - A. **Cockpit Orientation:** Applicant demonstrates to track official familiarity with all vehicle controls.
  - B. **Basic driving test:** Applicant demonstrates basic driving skills to track official.
  - C. **Track Orientation:** Track official orients applicant with track fixtures and applicant demonstrates understanding.
  - D. Applicant will complete six test passes. All test passes will be single runs; no side-by-side runs on test passes. Six passes will need to be approved and signed by two (2) adults who either hold an active NHRA competition license or are employed as a track racing official (for example: starter, race director, tech official).

**\*\* For NEW Intermediate & Advanced applicants (ages 10-18) runs 1-3 in Section 3, may be waived by Track Official. \*\***

**\*\* Track Official must mark "WAIVED" with signature. \*\***

Test runs will be required in the following order:

- |  |                     |
|--|---------------------|
| 1. One tow behind <i>(no timeslip required)</i>        | 4. One moderate run |
| 2. One 60' run and stop <i>(no timeslip required)</i>  | 5. One full run     |
| 3. One 330' run and stop <i>(no timeslip required)</i> | 6. One full run     |

E. Full runs must be representative of vehicle's performance not to exceed age class performance restrictions.

The class standards are:

<b>TRAINEE</b> (age 5): 20.00 seconds or slower	<b>NOVICE</b> (age 8 and 9): 11.90 seconds or slower	<b>ADVANCED</b> (age 13 to 18): 7.90 seconds or slower
<b>YOUTH</b> (age 6 and 7): 13.90 seconds or slower	<b>INTERMEDIATE</b> (age 10 to 12): 8.90 seconds or slower	<b>JR COMP</b> (age 14-20) 6.90 seconds or slower

F. Official may deny any license in Official's discretion and will deny a license to any participant Official feels cannot handle the vehicle.

- 4) After passing the driver tests, the applicant will **complete the license application form in full then mail it along with the original time slips, certified birth certificate, notarized minor waiver & release, and medical clearance form to NHRA Division Office.**

## NHRA LICENSE RENEWAL REQUIREMENTS

The applicant will complete the license application (SECTIONS 1, 4, 5, & 6) form in full then mail it along with, notarized minor waiver & release, and medical clearance form to NHRA Division Office.

## TRANSFER APPLICANTS

- 1) Two (2) full-pass time slips in class for which you seek a license within the past 12 months at any facility or event.  
**\*\* Side-by-side time trials or elimination time slips accepted. \*\***
- 2) Validation signatures from one (1) Adult & 1 (one) NHRA Official or NHRA Member Track Authorized Official.
- 3) **FULL RUNS MUST BE REPRESENTATIVE PERFORMANCE OF THE CATEGORY APPLYING FOR.** (Class standards listed above in "New Driver Requirements".)
- 4) After passing the driver test, the applicant will **complete the license application form in full then mail it with a copy of their current IHRA license, 2 original time slips, certified birth certificate, notarized minor waiver & release, and medical clearance to NHRA Division Office.**

Submit Completed Application Packets to Division Office | Please allow a minimum of 3 weeks for processing.

**\*\* OMIT NOTARY SECTION, WAIVER, & BIRTH CERTIFICATE FOR JR COMP APPLICANTS 18-20 YEARS OF AGE \*\***



# APPLICATION FOR NHRA SUMMIT RACING JR. DRAG RACING LEAGUE COMPETITION LICENSE



FORM MUST BE PRINTED IN **COLOR**. ALL **RED** TEXT MUST BE PRINTED IN **RED**.

NEW NHRA JR. DRAG RACING LEAGUE LICENSE APPLICANTS	RENEWAL JR. DRAG RACING LEAGUE APPLICANT	IHRA TRANSFER APPLICANTS CURRENTLY HOLDS AN IHRA COMPETITION LICENSE
<input type="checkbox"/> COMPLETE SECTIONS 1, 2, 3, 4, 5, & 6 <input type="checkbox"/> COMPLETE 6 TEST PASSES <input type="checkbox"/> ATTACH 3 ORIGINAL TIME SLIPS <input type="checkbox"/> COMPLETE MINOR RELEASE & WAIVER <input type="checkbox"/> CERTIFIED COPY OF BIRTH CERTIFICATE <input type="checkbox"/> MEDICAL CLEARANCE LETTER, COMPLETED BY MD OR DO <input type="checkbox"/> CIRCLE FORM OF PAYMENT (CREDIT CARD OR CHECK)	<input type="checkbox"/> COMPLETE SECTIONS 1, 4, 5, & 6 <input type="checkbox"/> COMPLETE MINOR RELEASE & WAIVER <input type="checkbox"/> MEDICAL CLEARANCE LETTER, COMPLETED BY MD OR DO <input type="checkbox"/> CIRCLE FORM OF PAYMENT (CREDIT CARD OR CHECK)	<input type="checkbox"/> COMPLETE SECTIONS 1, 2, 3, 4, 5, & 6 <input type="checkbox"/> FILL-IN RUNS 5 & 6 W/ ORIGINAL TIMESLIP DATA; 12 MONTH MAX <input type="checkbox"/> ATTACH COPY OF CURRENT IHRA LICENSE <input type="checkbox"/> COMPLETE MINOR RELEASE & WAIVER <input type="checkbox"/> CERTIFIED COPY OF BIRTH CERTIFICATE <input type="checkbox"/> MEDICAL CLEARANCE LETTER, COMPLETED BY MD OR DO <input type="checkbox"/> CIRCLE FORM OF PAYMENT (CREDIT CARD OR CHECK)

## SECTION 1

PLEASE CHECK HERE IF NEW ADDRESS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ NHRA Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## SECTION 2

**COCKPIT ORIENTATION:** APPLICANT MUST DEMONSTRATE TO TRACK OFFICIAL THAT HE/SHE IS FAMILIAR WITH ALL VEHICLE CONTROLS

Gas Pedal:  Brake:  Steering:  Seat Belts:  Shutoff Switch:

**BASIC DRIVING TEST:** APPLICANT MUST DEMONSTRATE BASIC DRIVING SKILLS TO TRACK OFFICIAL

Acceleration:  Braking:  Turning:

**TRACK ORIENTATION:** TRACK OFFICIAL ORIENTS APPLICANT WITH TRACK FIXTURES AND APPLICANT DEMONSTRATES UNDERSTANDING

Starting Line:  60' Timing Cone:  330' Timing Cone:  Finish Line (1/8-Mile):  Return Road:  Time-Slip Booth:

## SECTION 3

**ALL ADULT 1 AND ADULT 2 SIGN-OFFS MUST BE MADE BY CURRENT NHRA LICENSED DRIVERS OR QUALIFIED TRACK OFFICIALS (FOR EXAMPLE STARTER, RACE DIRECTOR, TECH OFFICIAL)**

### 1. TOW BEHIND

(no timeslip required)

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name

### 2. 60' PASS (STOP)

(no timeslip required)

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name

### 3. 330' PASS (STOP)

(no timeslip required)

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name

### 4. 660' MODERATE PASS

ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name

### 5. FULL PASS

ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name

### 6. FULL PASS

ET: \_\_\_\_\_ MPH: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

ADULT/TRACK OFFICIAL 1: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

ADULT/TRACK OFFICIAL 2: \_\_\_\_\_  
Signature Printed Name

CATEGORY / LICENSE NUMBER: \_\_\_\_\_ LICENSE EXP: \_\_\_\_\_

TRACK OFFICIAL: \_\_\_\_\_  
Signature Printed Name



FORM MUST BE PRINTED IN COLOR. ALL RED TEXT MUST BE PRINTED IN RED.

SECTION 4

APPLICANT'S AFFIRMATION & AGREEMENT: I affirm that I have read and understand, and that I have agreed to and I am bound by all NHRA rules, regulations and agreements including, but not limited to, those contained in the applicable NHRA Rulebook, with specific reference, but not limited to the rules regulations and agreements contained in the Administrative Procedures and Appeals Section of the applicable Rulebook which are incorporated herein by reference. I know that the NHRA Rulebook, including amendments, is available to me online. I agree that participation in any and every aspect of the sport of drag racing is a privilege, not a right, and I wish to participate in accordance with all of the foregoing. I further affirm all of the following: Drag racing is a dangerous sport. There is no such thing as a guaranteed safe drag race. Drag racing always carries with it the risk of serious injury or death in any number of ways. This risk will always exist no matter how much everyone connected with drag racing tries to make our sport safer. Although NHRA works to promote and enhance the safety of the sport, there are no guarantees that such safety measures will ensure my safety. I as the participant always have the responsibility for my own safety, and by participating in drag racing, I am accepting all risks of injury, whether due to negligence, vehicle failure, or otherwise. If at any time I do not accept these risks, I will not participate in drag racing. I understand the NHRA Competition license is issued solely for participation in drag racing on NHRA Member Tracks.

APPLICANT'S MEDICAL ACKNOWLEDGMENT: I do hereby state and affirm that I am in good health and physically and mentally able to participate in all the activities associated with competing in NHRA Drag Racing to the best of my knowledge. I understand that drag racing is strenuous, stressful, and includes all of the risks and dangers that face any vehicle racer. I am free of physical and mental impairments that could be aggravated by participating in NHRA drag racing events, and which could place me, my competitors, spectators and others in attendance in danger of harm. I have not concealed any possible physical or mental condition which could place me, my competitors, spectators and others in attendance in danger of harm. Without limiting the foregoing, I state and affirm that I am not subject to any of the following: fainting, loss of balance, hemophilia or any clotting disorder, loss of muscular coordination, seizures, psychosis, or impaired and uncorrected vision. I state and affirm that I have read and understand the following list of medications and/or substances which are not allowed to be used by any participant: certain blood thinners, amphetamines, cocaine, marijuana (cannabis, THC), opiates and phencyclidine (PCP), and that I am not using any of these substances and will not use any of these substances while I am licensed. I state and affirm that if anything in the foregoing Medical Acknowledgement changes I will not race unless I have contacted NHRA and received permission to do so, and that I will cooperate in providing any information needed for NHRA to make such a decision, including without limitation undergoing a physical examination or other testing.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_
Occasionally, NHRA allows carefully selected companies to use its mailing list. If you wish not to be included in these mailings put an X in this box.

SECTION 5

I HAVE READ THIS AGREEMENT

1. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_
Parent or Guardian (Signature) (Circle One) Date

I represent that I have sole legal custody or am the sole parent/guardian
In cases of sole custody or guardianship, a copy of the court order must be included in addition to signature and relationship
(INITIAL)

I HAVE READ THIS AGREEMENT

2. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_
Parent or Guardian (Signature) (Circle One) Date

Printed Name of MINOR Participant: \_\_\_\_\_ D.O.B \_\_\_\_\_

Printed Name of Parent or Guardian: 1. \_\_\_\_\_

Printed Name of Parent or Guardian: 2. \_\_\_\_\_

Address of Participant: \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and Sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

\_\_\_\_\_  
Signature of Notary

\*\*\* OMIT NOTARY SECTION, WAIVER, & BIRTH CERTIFICATE FOR JR COMP APPLICANTS 18-20 YEARS OF AGE \*\*\*

**SECTION 6 – ALL PAYMENTS MUST BE IN U.S. FUNDS** (ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE)

**METHOD OF PAYMENT:** ENCLOSED IS A  CHECK OR  MONEY ORDER IN THE FULL AMOUNT (payable to NHRA. U.S. Funds Only-NO CASH)  
CHARGE MY:  VISA  M/C  AMEX  DISCOVER

Amount to charge on credit card: \$ \_\_\_\_\_ .00 Card # \_\_\_\_\_ EXP: \_\_\_\_\_ CCV Code: \_\_\_\_\_  
Print Name as it appears on the card: \_\_\_\_\_ Signature \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_

**COMPETITION LICENSE & MEMBERSHIP FEES**

- 1-Year Jr. Drag Racing League participant member & license fee  \$39.00
- 2-Year Jr. Drag Racing League participant member & license fee  \$73.00
- 2-Year Jr. Comp participant member & license fee  \$90.00

**NON-PARTICIPANT MEMBERSHIP FEES**

- 1-Year Jr. Drag Racing League non-participant member fee  \$19.00
- Non-participants: Complete sections 1 & 6 only for non-racing membership (new or renewal)

**NHRA JDRL MEMBERSHIP INCLUDED WITH ALL NHRA JDRL LICENSED FEES**  
(Includes membership kit & excess medical insurance. Excess medical insurance benefits listed at [WWW.NHRA.COM/INSURANCEINFO.ASPX](http://WWW.NHRA.COM/INSURANCEINFO.ASPX))  
Coverage may be different outside the US.

TOTAL DUE \$ \_\_\_\_\_ .00

**FOR OFFICIAL NHRA USE ONLY**

Rcv'd: \_\_\_\_\_ AUTH. BY: \_\_\_\_\_  
 AccT. #: \_\_\_\_\_ MED DATE: \_\_\_\_\_  
 LIC. DATE ISSUED: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
 CODE: \_\_\_\_\_  
 TOTAL AMT. ENCLOSED: \$ \_\_\_\_\_ NFO \$ \_\_\_\_\_ ND \$ \_\_\_\_\_  
 CHECK #: \_\_\_\_\_ VS / MC / AX / DR: \_\_\_\_\_  
 COMP #'S: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

**Mail completed application to respective division office. Please allow a minimum of 2 – 3 weeks for processing.**

**NORTHEAST DIVISION 1**

CT; DE; DC; ME; MD; MA; NH; NJ; NY; PA; RI; VT; WV;  
ON & QB Canada  
**Dave Mohn – Division Director**  
2420 Gehman Lane, Suite 200, Lancaster Pa. 17602  
P. (717) 584-1200 | F. (717) 390-3052  
[dmohn@nhra.com](mailto:dmohn@nhra.com)

**SOUTH CENTRAL DIVISION 4**

AR; LA; NM; OK; TX;  
Mexico  
**Trey Capps - Division Director**  
12959 Jupiter Road Suite 240, Dallas, Tx. 75238  
P. (469) 248-0014 | F. (469) 248-0024  
[tcapps@nhra.com](mailto:tcapps@nhra.com)

**SOUTHEAST DIVISION 2**

AL; FL; GA; MS; NC; SC; TN; VA;  
PR  
**Cody Savage - Services Coordinator**  
11223 N. County Road 225, Gainesville, Fl. 32609  
P. (352) 374-9922 | F. (352) 372-0418  
[csavage@nhra.com](mailto:csavage@nhra.com)

**WEST CENTRAL DIVISION 5**

CO; IA; KS; MN; MO; NE; ND; SD; WY  
MB, Canada  
**Rob Park - Division Director**  
3720 Arrowhead Ave, Ste 103, Independence, Mo. 64057  
P. (816) 795-8055 | F. (816) 795-0515  
[rpark@nhra.com](mailto:rpark@nhra.com)

**NORTH CENTRAL DIVISION 3**

IL; IN; KY; MI; OH; WI;  
ON, Canada  
**William Tharpe - Division Director**  
PO BOX 34300, Indianapolis, In. 46234  
P. (317) 969-8890 | F. (317) 291-4220  
[wtharpe@nhra.com](mailto:wtharpe@nhra.com)

**NORTHWEST DIVISION 6**

AK; ID; MT; OR; WA  
AB, BC, & SK, Canada  
**Matt Levonas - Division Director**  
8412 Myers Rd E #305, Bonney Lake, Wa. 98391  
P. (253) 446-6594 | F. (253) 446-6683  
[mlevonas@nhra.com](mailto:mlevonas@nhra.com)

**PACIFIC DIVISION 7 / NATIONAL FIELD OFFICE**

AZ; CA; HI; NV; UT  
Mexico & International  
**Mike Rice - Division Director**  
2035 Financial Way, Glendora, Ca. 91741  
P. (626) 914-4761 | F. (626) 466-9089  
[mrice@nhra.com](mailto:mrice@nhra.com)

**\*\* OMIT NOTARY SECTION, WAIVER, & BIRTH CERTIFICATE FOR JR COMP APPLICANTS 18-20 YEARS OF AGE \*\***

**IMPORTANT NOTICE**  
**THIS AGREEMENT SHALL APPLY TO ANY AND ALL NHRA AND NHRA MEMBER TRACK EVENTS OR ACTIVITIES ("EVENTS")**  
**PARENT/GUARDIAN RELEASE AND WAIVER OF LIABILITY**  
**ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**  
**FOR PERSONS UNDER AGE 18 - THIS AGREEMENT MUST BE NOTARIZED**

IN CONSIDERATION of ALLOWING MY BELOW-NAMED MINOR CHILD ("the minor") to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as the advanced staging area, burn out area, competition area, shutdown area, staging lanes, return road area, and any other area within the barriers, fences, and/or structures separating the general public from racing activities), I, THE UNDERSIGNED, on behalf of the minor child, for myself individually and for my children, wards, personal representatives, heirs, and next of kin:

1. Represent and agree that I know the nature of the EVENT(S) and the minor's experience and capabilities, and I affirm that the minor is fit and qualified to participate in the EVENT(S).
2. Agree and represent that I and the minor have or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS and further agree and warrant that, if at any time, we are in or about RESTRICTED AREAS and believe anything of any nature to be unsafe or unsatisfactory in any way, we will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, builders and designers, drivers, crews, rescue personnel, and persons in any RESTRICTED AREA, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities, regarding the premises or EVENT(S) and for each of them, their directors, officers, agents, and employees, (the "RELEASEES") FROM ALL LIABILITY TO ME, to the minor, and to my children, wards, personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMAND THEREFORE ON ACCOUNT OF INJURY TO PERSON OR PROPERTY OR RESULTING IN DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
4. HEREBY AGREE that if, despite signing this Agreement, I, the minor, or anyone on the minor's behalf, makes a claim for loss or damage against any of the Releasees, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, FEES OR COSTS they may incur arising out of or related IN ANY MANNER TO MY OR THE MINOR'S ATTENDANCE AT OR PARTICIPATION IN THE EVENT(S), AND WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
5. HEREBY acknowledge and agree that THE EVENT(S) ARE DANGEROUS and involve the risk of serious injury, death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
7. HEREBY agree that this Parent/Guardian Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement for Persons Under 18 ("Agreement") extends to ALL acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND FOR OTHERS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**I HAVE READ THIS AGREEMENT**

1. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_  
Parent or Guardian (Signature) (Circle One) Date



I represent that I have sole legal custody or am the sole parent/guardian  
(INITIAL)

**I HAVE READ THIS AGREEMENT**

2. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_  
Parent or Guardian (Signature) (Circle One) Date

Printed Name of MINOR Participant: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Printed Name of Parent or Guardian: 1. \_\_\_\_\_

Printed Name of Parent or Guardian: 2. \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

**(SEAL)** Signature \_\_\_\_\_

## MINOR'S PARTICIPATION AND ASSUMPTION OF RISK STATEMENT

**ALL EVENTS**

**ALL DATES**

\_\_\_\_\_  
DESCRIPTION AND LOCATION OF EVENT

\_\_\_\_\_  
DATE OF EVENT

I have my parent's permission to participate in this event. "Participate" includes driving, working on cars, helping in some way, being in the "restricted area", or watching the event. I understand that the "restricted area" is a place I need special permission to be in, such as the race track itself and the area close to it. If I don't know if an area is restricted or not, I will ask an event official. I understand that I am assuming the risks of getting hurt during the event, and by signing my name below I state the following:

1. My parents (or guardians) and I believe I am qualified and fit to participate in the event. I will carefully look at the place where this event is being held, and the equipment at this place, and if, at any time, I think ANYTHING is unsafe, I will leave right away and refuse to participate further in the event.
2. I understand that the ACTIVITIES OF THE EVENT ARE **DANGEROUS** and by participating in the event, there is the RISK AND DANGER that I could be BADLY HURT, PARALYZED OR KILLED. I understand that these risks and dangers can be unexpected. Even though I could get seriously injured or killed in this event, I still want to participate.
3. I know that these risks and dangers may be caused by what I do or fail to do, by the actions or inactions of people participating in the event, by the rules of the event, by the condition and layout of the event location and equipment, and/or by the **NEGLIGENCE OR CARELESSNESS** of others, including the people responsible for putting on the event.
4. I ASSUME ALL THESE **RISKS**, EVEN IF THE RISKS ARE CAUSED BY THE **NEGLIGENCE OR CARELESSNESS** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, equipment and parts manufacturers and suppliers, officials, car owners, builders and designers, drivers, pit crews, rescue personnel, any persons in any restricted areas, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners, and lessees of premises used to hold the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, and employees.
5. I have read this Statement, I understand it, I have discussed it with my parents (or guardians), I have their permission to sign it, and I agree to make this my own truthful Statement.

**I HAVE READ THIS STATEMENT**

\_\_\_\_\_  
SIGNATURE OF MINOR PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF MINOR PARTICIPANT

\_\_\_\_\_  
AGE

**I HAVE READ THIS STATEMENT**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
PRINTED NAME OF PARENT OR GUARDIAN

**COMPLETE OTHER SIDE**



# NHRA JUNIOR DRAG RACING LEAGUE



**(Physician's Medical Clearance to Participate in NHRA Jr. Drag Racing must be completed on other side)**

*Must be completed in order to process license*

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Sole Custody/Guardianship  Yes  No  
(Please circle one)

**If yes, must include copy of court order; otherwise BOTH parents/guardians must sign.**

Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact Information:

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

If medical care is required for the minor stated above in conjunction with any NHRA activity, the undersigned authorizes medical care as deemed necessary by first responders and any medical personnel, physician, or medical facility providing treatment.

Signature of Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Minor's Insurance Provider/Policy # \_\_\_\_\_

## STATEMENT OF MINOR'S HEALTH AND FITNESS TO PARTICIPATE – PARENT/GUARDIAN

I/We the undersigned parent or guardian of the minor referenced above, do hereby state and affirm that this minor is in good health and is physically and mentally able to participate in all the activities associated with competing in Jr. Drag Racing to the best of our knowledge. I/We understand that Jr. Drag Racing is strenuous, stressful, and includes all of the risks and dangers that face any vehicle racer. This minor is free of physical and mental impairments that could be aggravated by participating in Jr. Drag Racing events, and which could place the minor, competitors, spectators and others in attendance in danger of harm, and without limiting the foregoing, the minor is not subject to any of the following: fainting, loss of balance, hemophilia or any clotting disorder, loss of muscular coordination, seizures, psychosis, or impaired and uncorrected vision.

I/We have not concealed any possible physical or mental condition which could affect the safety or well being of the minor, fellow competitors, spectators and others.

**I HAVE READ THIS STATEMENT**

Signature

Father/Guardian

Date \_\_\_\_\_

**I HAVE READ THIS STATEMENT**

Signature

Mother/Guardian

Date \_\_\_\_\_





# NHRA JUNIOR DRAG RACING LEAGUE



## Physician's Medical Clearance to Participate in NHRA Jr. Drag Racing League

**(Statement of Applicant's Health and Fitness to Participate – Parent/Guardian must be completed on other side)**

*Must be completed and signed by M.D. or D.O.*

NOTE: Jr. Drag Racing is strenuous, stressful, and includes all of the risks and dangers that face any vehicle racer. For more details, see Statement of Minor's Health and Fitness to Participate – Parent/Guardian on the other side and ask the parent/guardian.

Minor's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Allergies (if believed relevant by physician)

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Medications applicant is taking (if believed relevant by physician)

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Medical Conditions (if believed relevant by physician)

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Other Matters believed relevant by physician:

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**I have examined the above minor to clear him or her for participation in NHRA Jr. Drag Racing and state that s/he is physically fit for full participation without any limitations.**

**I have administered a complete physical exam of this minor within the past 12 months.**

Date of Physical \_\_\_\_\_

Medical Physician (MD/DO)* Signature	Medical Physician (MD/DO)* NAME, TITLE, ADDRESS & PHONE NO. (Type or Print)	Date of Medical Physician (MD/DO)* Signature
State License #	Phone ( )	Fax ( )

**\*Must be signed by MD or DO; other signatures not acceptable.**