

SOAR

SOUTHERN ONTARIO ASSOCIATION OF RACING

2012 RACING LICENSE APPLICATION

PLEASE PRINT CLEARLY AND FILL OUT ALL AREAS OF THE FORM

NAME:		DATE:	
ADDRESS:		CLASS:	<input type="checkbox"/> NOVICE <input type="checkbox"/> EXPERT
CITY/PROV:		CLASS CHANGE:	
POSTAL:		LICENSES HELD:	
TELEPHONE:		SCHOOL COMPLETED:	
EMAIL:		NUMBER REQUEST:	

2012 LICENSE FEE	\$135.00
HST	\$ 17.55
TOTAL	\$152.55

PAYMENT: Visa MasterCard Cash

Credit Card Information

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NAME ON CARD – PLEASE PRINT

Release: I hereby release and agree to hold harmless SOAR., the participants, officers, directors, representatives and agents, all of them of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death), to any person or property, in any way resulting from, or arising in connection with these events, and whether arising while engaged in competition, in practice, or in preparation therefore, or while upon entering or departing from said premises, from any cause whatsoever.

I know the risk and danger to myself and property while upon said premises or while participating or assisting in these events, so voluntarily and in reliance upon my own judgment and liability, and I thereby assume all risk for loss, damage or injury (including death) to myself and my property from any cause whatsoever.

Application implies the rider agrees that SOAR shall have a license to use the rider's name, signature, initials, likeness, photograph, and similar materials in connection with the advertising, promotion and sale of products by SOAR.

X

Participant Signature

Date

X

Signature of Parent or Legal Guardian (If participant is a minor)

Date

OFFICE USE ONLY

SCHOOL REQUIRED	
SCHOOL COMPLETED	
EARLY RENEWAL	
FREE PRACTICE	
LICENSE ISSUED	
WAIVER SIGNED	
PAYMENT METHOD	