



Federación Mexicana de Automovilismo Deportivo, A.C.

PLEASE ATTACH TO THIS APPLICATION TWO (2) CREDENTIAL SIZE PICTURES

FEMADAC SPORT LICENSE APPLICATION

TYPE OR PRINT CLEARLY

Form fields for personal information: LAST NAME, FIRST NAME, MIDDLE INITIAL, SEX, ADDRESS, CITY, STATE, COUNTRY, HOME TELEPHONE, FAX, e. mail, NATIONALITY, DATE OF BIRTH, AGE, DRIVERS LICENSE, HOME STATE, NUMBER SPORT LICENSE, DATE & PLACE OF ISSUE, INSURANCE BENEFICIARY, RELATIONSHIP (BENEFICIARY), BLOOD TYPE /RH FACTOR, ALLERGIES

BUSINESS ADDRESS

Form fields for business address: STREET, CITY, ZIP CODE, STATE, COUNTRY, TELEPHONE, FAX, e. mail

MEXICAN SPORT LICENSE (PREVIOUSYEAR)

Please mark only one:

DRIVER: CO-DRIVER CREW MEMBER

The applicant declares and accepts to comply with the FEMADAC sporting code, as well as the rules of the corresponding category. The applicant also declares that all the information herein is true and valid as of the date of the application.

The applicant hereby agrees to be bound by the rules and regulations, as amended, and the official organizer/promoter agreement and in recognition of the hazardous nature of automobile racing, assumes all of the risk by reason of his participation or association with automobile racing and does for himself or herself, his or her heirs, executors, administrators, successors and assigns, release and discharge MEXICAN AUTOMOBILE SPORT FEDERATION, and its respective officers, officials, event staff, organizer/promoter, for any and all liabilities for personal injuries that may be received and from all claims and damages for injury to person or property growing out of or resulting from race, races, or any other competition whatsoever, including qualifications, practice runs, and/or exhibitions or other appearances whether contemplated or held under the rules of FEMADAC or of the organizer/promoter, or caused by any construction or condition of any track or tracks equipment, race cars or other devices used therefore, or by reason of any alleged cause or condition of any nature whatsoever.

DATE

APPLICANT SIGNATURE

THIS FORM HAS TO BE FILLED IN BY EVERY PERSON WHO WISHES TO OBTAIN A SPORT LICENSE OR IDENTIFICATION ISSUED BY FEMADAC.

Darwin 46 Col. Anzures C.P. 11590 México, D.F. Tel. (001) 5 254-40-21 / 5 254-40-25 Fax (001) 545-53-52 mail femadac@femadac.org.mx