



RIDER ENTRY REQUIREMENTS

Motocross - MXGP/MX2

WW Motocross Park, Jacksonville, Florida

www.wwmotox.com

September 3, 2017

RIDER ELIGIBILITY

To be eligible to enter the 2017 United States GPMX riders must meet one of the following:

- Held a 450SX or 250SX class license during the 2015 thru 2017 AMA Supercross season.
- Held a Pro Motocross license (250 or 450 class) during the 2015 thru 2017 Motocross season.
- Currently meet the requirements for a Pro Supercross or Motocross License.
- Held an FIM license in 2015 thru 2017.

Discretionary Approval: If applying under this criteria, an Eligibility Application must be submitted for approval in addition to the pro license application. Upon checking this box the link to the application will appear.

FEES & FORMS

- FIM License Application/Start Permission Request Form
 - FIM License – One Event (Article 62 202 11) \$325
 - FIM Start Permission (Insurance)..... \$150
- AMA Membership \$49 (must be valid through the end of the year 12/2017) \$49
- **AMA Annual Release (must be printed in color and notarized). The original paper copy must be sent to the AMA Office, AMA Racing, Attn. Connie Fleming, 13515 Yarmouth Drive, Pickerington OH 43147**
- FIM Anti-Doping Appendix 3 – Rider Consent Form
- FIM Medical History Form Appendix A
- FIM Medical Examination Form Appendix B (must be signed and stamped (Contact Name/Practice Name, address, phone, email) by the physician completing the document)

YOUTHSTREAM ENTRY PROCESS

- Riders should request login using this link: <http://www.youthstream.org/riderloginrequests.aspx>
- After completing the form, you will receive an email with the link to the entry form. Please, fill in the entry and request starting number you wish to have. Please, check available starting numbers here: <https://results.mxgp.com/seasonstartnumbers.aspx>
- When entry form is filled in, national federation will receive an email to approve starting permission.
- **The closing date for entries for each event is 15 days before the event in question (8/18/2017)**
- Age of Riders
 - FIM Motocross World Championship, MXGP class: Min. **16 years** Max. **50 years**
 - FIM Motocross World Championship, MX2 class: Min. **15 years** Max. **23 years**
 - Riders who have won two FIM MX2 Motocross World Championships or reached the maximum age of 23 are not eligible to participate in the MX2 class.



PASS INFORMATION
Motocross - MXGP/MX2
WW Motocross Park, Jacksonville, Florida
www.wwmotox.com
September 3, 2017

ONE EVENT PASSES FOR MXGP/MX2 RIDERS

Per Youthstream, each rider will be granted the following passes upon entry into the event:

- Media pass for team's/rider's manager (1)
- Mechanics for the rider and rider's mechanic (4)
- Paddock passes for team's/rider's guest (3)
- Pitlane suite pass (valid only together with a paddock or mechanic pass) (4)
- Car B passes (3)
- Truck A pass for the team's/rider's truck (1)
- Living area pass for the rider's motorhome (1)

ACCESS OF PASSES

- Pass #3 – MEDIA : gives access to the event, to the paddock, media center, pitlane, pitlane suite
- Pass #4 – PITLANE/MECHANICS : gives access to the event, to the paddock, pitlane, start area
- Pass #5 – PADDOCK : gives access to the event, to the paddock
- PITLANE SUITE (only one event) : gives access to pitlane suite, but only if it is in combination with pass #4 or pass #5



**FIM LICENSE APPLICATION
REQUEST FOR START PERMISSION
FIM MXGP/MX2 MOTOCROSS WORLD CHAMPIONSHIP
IMN 202/17 SEPTEMBER 3, 2017**

WW Motocross Park, Jacksonville, Florida - www.wwmotocross.com
(Fill out completely - Print or Type)

Name: _____
(First/Middle/Last)

AMA/ Membership #: _____ Exp. Date: _____
(AMA membership must be current through year applying for)

Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell: () _____

Email: _____

Age: _____ Date of Birth (MM/DD/YY): _____

Place of Birth: (City/State/Country) _____

US Citizen: Yes ___ No ___ How long have you lived in the US?: _____

Nationality: _____

Next of Kin: _____

(Name/Relation/Phone)

Allow two weeks for processing of Start Permission and FIM license requests

FIM License – Article 62 202 11 One FIM Motocross MXGP-MX2 World Championship	\$325.00 or
FIM License – Article 62 202 01 Annual FIM Motocross MXGP-MX 2 World Championship	\$900.00
Start Permission/Insurance	\$150.00
AMA Membership/Renewal	\$49.00
Total Fees Submitted:	\$ _____

Method of Payment

Check or Money Order # Enclosed (Payable to AMA): _____ Amount: \$ _____

Credit Card (√ one): ___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number: _____ Exp. Date _____

Cardholder's Name: _____

Cardholder' Signature: _____

I understand any injuries sustained at FIM events must be reported to AMA on the first business day following the event.

**Return to: American Motorcyclist Association
AMA Racing – Connie Fleming
13515 Yarmouth Dr., Pickerington, OH 43147
Ph: 614-856-1910 ext. 1258; Fax: 614-856-1924; email: cfleming@ama-cycle.org**

FIM LICENSE # _____	DATE ISSUED: _____
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**ADULT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
(READ CAREFULLY BEFORE SIGNING)**

ALL AMA EVENTS, ACTIVITIES AND/OR LOCATIONS

ALL 2017 DATES

IN CONSIDERATION of being permitted 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 any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited, including, but not limited to, the competition area and a hot pit or paddock area) THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she enters and he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, riders, crews, rescue personnel, and persons in any RESTRICTED AREA, sponsors, 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, employees, all for the purposes herein referred to as "RELEASEES," from ALL LIABILITY, ON ANY LEGAL THEORY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of, or related IN ANY MANNER, TO MY ATTENDANCE AT, OR PARTICIPATION IN, THE EVENT(S).
4. HEREBY ASSUMES 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 THE RELEASEES OR OTHERWISE.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity 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, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

	I HAVE READ THIS RELEASE	D.O.B. _____
PRINT NAME	SIGN NAME HERE	
ADDRESS	AMA Number	EXP. DATE

AMA OFFICIAL WITNESS (at-event only): _____
Signature / Title _____ Date _____

OR

NOTARY WITNESS: Subscribed and Sworn to Before me this _____ day of _____, 20_____

Signature of Notary Public	Printed Name of Notary Public
County, State of _____	My Commission Expires: _____

SEAL



MEDICAL HISTORY FORM

(to be completed by applicant)

Personal Data:

Name:		First name:	Date of birth
Address:			
Sex	male	female	FMN:

No		Yes	Details
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Loss of consciousness for any reason dizziness or headache

Eye problems (except glasses)

Asthma

Allergy to medicines or drugs

Diabetes

Heart problems

Blood pressure disorder

Stomach problems (ulcer, etc)

Uro-genital problems

Epilepsy or convulsions

Mental or nervous disorder

Problems with arms or legs incl.muscle cramp or joint stiffness

Blood disorder with tendency to bleeding

Blood group

Operations

Do you take any medicine or drugs regularly?

If you take any medicine or drugs regularly, please list below the medicine or drugs:

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- c. In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to the my relatives and my representatives.
- d. I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- e. I declare that the information that I have given is the truth.
- f. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Date Signature of applicant (or responsible Parent or Guardian if a minor)



MEDICAL EXAMINATION FORM APPENDIX B
 (To be completed by doctor with reference to the FIM Medical Code,
 Art. 09.1.1 Guidelines for the examining doctor)

Personal Data:

Name:		First name:		Date of birth
Address:				
Sex:	male	female	FMN:	
Normal				Abnormal

			Details (if abnormal)
<input type="checkbox"/>	Cardio-vascular system	<input type="checkbox"/>	
<input type="checkbox"/>	*Exercice tolerance ECG	<input type="checkbox"/>	
<input type="checkbox"/>	*Echocardiography	<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Pulse	<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	
<input type="checkbox"/>	Nervous system central	<input type="checkbox"/>	
<input type="checkbox"/>	peripheral	<input type="checkbox"/>	
<input type="checkbox"/>	Ear, nose and throat, right	<input type="checkbox"/>	
<input type="checkbox"/>	in particular vestibulo-		
<input type="checkbox"/>	cochlear apparatus left	<input type="checkbox"/>	
<input type="checkbox"/>	Locomotor-system arm right	<input type="checkbox"/>	
	left	<input type="checkbox"/>	
<input type="checkbox"/>	leg right	<input type="checkbox"/>	
	left	<input type="checkbox"/>	
<input type="checkbox"/>	spine	<input type="checkbox"/>	
<input type="checkbox"/>	Abdomen (hernia)	<input type="checkbox"/>	
<input type="checkbox"/>	Urine Albumen	<input type="checkbox"/>	
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	
<input type="checkbox"/>	Eyes: Distant vision		
<input type="checkbox"/>	without correction right	<input type="checkbox"/>	
<input type="checkbox"/>	left	<input type="checkbox"/>	
<input type="checkbox"/>	with correction right	<input type="checkbox"/>	
<input type="checkbox"/>	left	<input type="checkbox"/>	
<input type="checkbox"/>	color vision	<input type="checkbox"/>	
<input type="checkbox"/>	visual field	<input type="checkbox"/>	

* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

Except in Trial an exercise tolerance electrocardiogram is required for riders aged 50 years and over.

- I, the undersigned, certify that I am this person/rider's medical practitioner and familiar with his/her medical history.
- I, the undersigned, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibited method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- I, the undersigned, certify that this person is medically FIT to take part in motorcycle events
- I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
- I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.

Date of examination

Signature and stamp of Doctor



APPENDIX 3 - Rider Consent Form

As a member of an FMN and/or a participant in an event authorized or recognized by the FIM, CONU or FMN, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Rules (the “**Code**”) and the *International Standards* issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA’s website.
2. I consent and agree to the creation of my profile in the WADA Doping Control Clearing House (“**ADAMS**”), as requested under the Code to which the FIM is a Signatory, and/or any other authorized National Anti-Doping Organization’s similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions (“TUE”) related data in such systems.
3. I acknowledge the authority of the FIM and its member National Federations (“FMN”) and/or National Anti-Doping Organizations under the FIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the FIM Anti-Doping Rules.
4. I acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration.

Date

Print Name (Last Name, First Name)

Date of Birth
(Day/Month/Year)

Signature (or, if a minor, signature of
legal guardian)