



799 Route 70 East, Brick Township, NJ 08723

2016 MEDIA FORM

NAME _____ **Date of Birth** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COMPANY NAME: _____

SOCIAL SECURITY NUMBER _____ **AGE** _____ **Weight** _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

FACEBOOK: _____

MEDICAL HISTORY: _____

ANY ALLERGIES TO MEDS? IF YES, PLEASE LIST _____

CURRENT PRESCRIPTION MEDS? _____

CURRENT OVER THE COUNTER MEDS? _____

HISTORY OF SEIZURES? ___ YES ___ NO **TAKEN/ING CORTISONE** ___ YES ___ NO

TAKEN/ING STEROIDS ___ YES ___ NO **TAKEN/ING BLOOD THINNERS** ___ YES ___ NO

DIABETIC ___ YES ___ NO **If Yes, Type** _____

DATE WHEN LAST RECEIVED TETANUS SHOT _____

INSURANCE COMPANY: _____ **POLICY#** _____

WHO CAN CONSENT FOR TREATMENT? _____

RELATION: _____ **PHONE#:** _____

In consideration of promotional endeavors, I hereby assign all commercial communication and broadcast rights to OPA Racing, LLC and do declare it as my lawful agent and representative regarding such rights. I agree, that OPA Racing LLC or its assignee's, on a non-exclusive basis, may use my name, likeness & works, including multimedia entailing video footage, photos, webstream, etc. of myself, my equipment and/or my work(s) taken at any OPA sanctioned event.

Races you plan on attending: _____

SIGNATURE _____ **Date** _____

Media credential is valid at all OPA sanctioned races for the 2015 season. As media personnel, you are required to sign the "RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT" at every race in attendance during open registration hours. All Access is NOT granted at every race event. Access to boats on the race course is assigned by an OPA official, you are not permitted to board a vessel without permission and assignment granted by an OPA Official to any/all vessels on the race course. Assignment is granted by the Chief Scorer after race day Drivers/Staff meetings.

OPA USE ONLY

RECEIVED BY _____ **Date** _____