



Metro Long Island Chapter



Fall Chapter Meet - Sunday, September 26, 2021

Champion Motors 100 GORDON DRIVE SYOSSET, NY 11791 | 800-913-8000

Name: _____ NCRS #: _____ Expiration Date: _____
 Address: _____ Phone #: _____
 MAIL TO: Greg Picconi, Judging Chairman Metro Long Island Chapter, NCRS | 59 Union Drive Merrick, NY 11566 | (516) 528-6005 or GP133@optonline.net

<p>Type of Registration</p> <p><input type="checkbox"/> Flight Judging (\$95 per car) _____</p> <p><input type="checkbox"/> Concours Judging (\$50 per car) _____</p> <p><input type="checkbox"/> Sportsman Display (\$15.00) _____</p> <p><input type="checkbox"/> Corvette Display No Charge</p> <p><input type="checkbox"/> Bowtie / Duntov / McLellan Display No Charge</p> <p><input type="checkbox"/> Judge No Charge</p> <p><input type="checkbox"/> Tabulator No Charge</p> <p>Total Fee: _____</p>	<p><i>This is a rain or shine event.</i></p> <p>8:00 AM: Registration *</p> <p>8:30 AM: General & Judges' Meeting</p> <p>9:00 AM Sharp: Judging Commences</p> <p>NOTE: Flight-Judged cars must be unloaded and prepared for Operations check by 7:00 AM. *No cutoff date, however, registrations are first come basis. Refunds available up to 10-days before meet only.</p>
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Judged Car Model Year: _____ CID: _____ HP: _____ VIN: _____

Coupe: Convertible: Vinyl: Leather: Trim Code*: _____ Color INT*: _____ Paint Code*: _____

Color EXT*: _____ Body Build Date Code*: _____ Body Number*: _____ *Required for '63 & up

Car Trailered? Yes No

Judging Level: _____ I would like to participate as a JUDGE OBSERVER JUDGE

First Choice: _____ Second Choice: _____

Insurance Required for ALL registered cars: Policy#: _____ Expiration Date: _____

Attach copy of insurance card with this application. Vehicle owners must be present on Show Field. One free lunch will be provided for all registered judges, officials, tabulators and owners and one owner's guest. (Car owners should provide for additional guests).

I AGREE to insure my vehicle and property against loss, damage and liability and to provide proof of such insurance to NCRS at time of registration. I AGREE to assume the risk of any and all damages or injury and to indemnify and hold harmless NCRS, its officers, directors, agents, employees, Chapters and event workers for any acts or omissions that may result in the theft, damage or destruction of my property or injury to me or others occurring during, or as a consequence of this event, wherever located. I AGREE to abide by the NCRS Policy on Drugs and Alcohol. The use of illegal drugs is prohibited by anyone attending an NCRS event. The use of alcohol is prohibited by anyone participating in an NCRS event (includes while on the judging field, participating in driving tests and/or road tours), except during social events. I REPRESENT that I have not been diagnosed with, or presented symptoms (such as fever, head- and/or stomachaches, coughing, difficulty breathing, etc.) consistent with COVID-19 within the immediately preceding 14 days of my signing this waiver and release. I further AGREE that I will not attend this event if I have been diagnosed with, or presented symptoms consistent with COVID-19, within the 14 days preceding the actual event start date. I ACKNOWLEDGE AND AGREE that I understand and will comply with the currently published NCRS Rules & Regulations for Events in the COVID-19 Era. I further acknowledge and assume the risk of potential exposure and contraction of COVID-19, and that NCRS has no way of testing participants for COVID-19, and, therefore, no way of guaranteeing that I will not be exposed to or contract COVID-19 or some other illness. at this event. In consideration of being allowed to attend this event, I AGREE that, in the event of any illness to me that may relate to, arise out of, or in any way concern my attendance and/or participation at this event, NCRS and its employees and agents are RELEASED from any and all liability whatsoever that may arise from any illness occurring and from any responsibility and/or liability for my acts or conduct. Further, I WILL HOLD HARMLESS AND WILL UNCONDITIONALLY INDEMNIFY NCRS AND ITS AGENTS AND EMPLOYEES AGAINST ALL CLAIMS, CAUSES OF ACTION, AND DAMAGES FOR WHICH NCRS MAY BECOME LIABLE BY REASON OF SUCH ILLNESS, WHETHER BROUGHT BY ME OR AGAINST ME OR BY ANY PERSON HAVING A LEGAL INTEREST IN THE PROPERTY OR PERSON OF ME. I understand that this release of claims and indemnity APPLIES TO ILLNESSES CAUSED EITHER IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF NCRS, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, OR AGENTS. MY RELEASE ALSO APPLIES TO ANY ILLNESS SUSTAINED BY ME DUE TO THE COVID-19 PANDEMIC.

Signature: _____ Date: _____