



Car Number Registration	\$35	_____
Reserved Parking:	\$60	_____
Pit Pass	\$30	_____
License IMCA		_____
Total		_____

OFFICIAL USE ONLY

CLASS _____ CAR # _____ EMAIL _____

DRIVER'S NAME _____

DRIVER'S SS# _____

(Please Print Clearly!)

DRIVER'S HOME TOWN _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HOME PHONE (____) _____

WORK PHONE (____) _____

DRIVER'S HEALTH INS. CO. _____

Birth Date _____

INDIVIDUAL () GROUP ()

BENEFICIARY STATEMENT: I HEREBY DESIGNATE AND NAME AS MY BENEFICIARY MY:

() SPOUSE () CHILDREN () PARENTS

() OTHER - NAME _____ RELATIONSHIP _____

OWNER'S FED. ID or NAME _____

SS# _____

(This person gets the Purse, Point Fund Checks and IRS Form 1099)

OWNER'S ADDRESS _____ CITY _____ ST _____ Zip _____

AGREEMENT

CONTRACT: I hereby certify that I am an independent contractor, assuming all responsibility for monies received as a result of my activities at the Speedway, including without eliminating, income taxes, FICA, workman's compensation, and withholding taxes. I am not an employee, servant or agent of the Speedway or Crawford County Racers Association, LLC.

CONSIDERATION and COMPLIANCE: In consideration of acceptance by Crawford County Racers Association, LLC of this application and payment of registration fees, the undersigned agrees to abide by all the rules and regulations of the Speedway as to conduct and mechanical applications, as now published or hereafter modified. The undersigned further recognizes his obligation to the public and the Speedway, which posts the prize monies and conducts the events, and agrees to compete in all events for which he may be qualified or assigned, if humanly possible.

BREACH and DAMAGE: In the event the undersigned breaches this agreement, he shall be liable for actual and liquidated damages sustained by Crawford County Racers Association as a direct or indirect result of such breach.

BENEFITS: I understand and agree that myself and my executors and assigns will be entitled to the benefits of the Competitor Accident Insurance Policy procured by Crawford County Racers Association, LLC for accidental death or injuries which occur as the direct result of external, violent, and visible means sustained in Speedway events. The coverage of said policy shall constitute the limit of liability of the Speedway for such injuries occurring to me in any Speedway event, provided proper notification of such occurrence is filed with the Speedway.

ADVERTISING RELEASE: The undersigned consents to the use of his/her name and/or pictures of himself/herself and car, for publicity, advertising, and endorsements, both before and after events, and relinquishes any rights to photos taken in connection with events, and consents to the publication or sale of such photos by the Speedway. This includes any video or delayed transmission of images and audio broadcasts.

ARBITRATION: Any dispute, controversy or claim involving the undersigned, whether or not relating to this agreement of same, shall be settled in accordance with existing and/or amended rules and regulations of the Speedway, and the undersigned agrees to accept and abide by the decisions rendered by such process.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE RULES OF THE SPEEDWAY.

DATE _____

SIGNATURE _____

Parent or Guardian of

Minor _____

Payment made out to CCRA and mail to: CCRA, P. O. Box 55 * Denison, IA 51442