

LACROSSE FAIRGROUNDS SPEEDWAY

Participant Membership & Registration Application

MEMBERSHIP FEE: \$15.00 (For All Drivers, Mechanics, Owners, Crew)

CAR REGISTRATION FEE: \$5.00 (Per Car, Per Division)

- | | |
|--|---|
| <input type="checkbox"/> LATE MODEL: CAR # _____ | <input type="checkbox"/> HORNETS: CAR # _____ |
| <input type="checkbox"/> SPORTSMEN: CAR # _____ | <input type="checkbox"/> STREET STOCKS: CAR # _____ |
| <input type="checkbox"/> HOBBY STOCKS: CAR # _____ | <input type="checkbox"/> MINI-VANS: CAR # _____ |
| <input type="checkbox"/> 6 SHOOTER: CAR # _____ | <input type="checkbox"/> HIGH SCHOOL: CAR# _____ |

MEMBERSHIP: \$15.00
\$5.00 x # _____ Cars = \$ _____
TOTAL AMT DUE: \$ _____

- AGREEMENT -

CONTRACT: I am an independent contractor assuming all responsibility for money received as result of my activities including without eliminating income tax, FICA, Workman's compensation, and withholding taxes. I am not an employee, servant or agent of the speedway.

BENEFITS: I agree that myself, Executors and assigns will be entitled only to the benefits of the Competitor Accident Policy procured by the Speedway for accidental injuries which are result of external, violent and visible means sustained in Speedway events. The foregoing shall constitute the limit of liability of the speedway for such injuries occurring to me in any Speedway event provided proper notification is given.

COMPLIANCE: The undersigned agrees to abide by all rules and regulations of the Speedway now published or hereinafter modified. In consideration of the acceptance by the Speedway of this agreement, the undersigned recognizes his obligation to the public and Speedway, which posts the prize money and conducts the event, and agrees to compete in all events when qualified if humanly possible.

BREACH & DAMAGE: In the event the undersigned breaches this agreement, he shall be liable for actual and liquidated damages sustained by the Speedway.

OWNERSHIP: If owner of a registered car, I certify I have a good and marketable title to the Competition vehicle free from liens and encumbrances, and will deliver good and marketable title to said vehicle or any part thereof in the event the same is claimed pursuant to the rules.

ADVERTISING RELEASES: The undersigned consents to the use of his name, pictures of himself and his car for publicity, advertising and endorsements both before and after the events, and relinquishes any rights to photos taken in connection with events and consents to the publication or sale of such photos as the Speedway so desires.

ARBITRATION: Any controversy or claim arising out of or relating to this agreement, including any alleged breach, shall be settled in accordance with the rules and regulations of the Speedway and the undersigned agrees to accept the decision rendered by this process.

RELEASE AND WAIVER: The undersigned acknowledges that by signing the release and waiver at each race event and/or practice event, in exchange for admittance to restricted areas. By so signing, the release and waiver, you have waived legal rights, to sue for injuries, including death, and acknowledges the potentially dangerous nature of activities in and adjacent to restricted areas.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS OF THE RULES OF THE SPEEDWAY.

SIGN _____

PRINT NAME _____ **DATE** _____

(PLEASE PRINT)

APPLICANT'S FIRST & LAST NAME _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

BEST PHONE # TO REACH YOU AT / CELL PHONE# (_____) _____ - _____ **EMAIL** _____

*** 1099-MISC. INCOME TAX ***

SSN / FEIN (REQUIRED FOR ALL DRIVERS & CAR OWNERS): _____

REPORT MY PAYOUT INCOME TO: DRIVER / OWNER / OTHER

IF PAYOUT IS BEING PAID TO SOMEONE OTHER THAN DRIVER: You must provide owner/other's info below for 1099-MISC.

FIRST & LAST NAME: _____ **ADDRESS:** _____

CITY: _____ **ST:** _____ **ZIP:** _____ **SSN / FEIN #:** _____

MAIL THIS FORM WITH PAYMENT TO: LaCrosse Speedway Registration, PO Box 853, West Salem, WI 54669