

Fox River Racing Club Membership Application-2010 SEASON

Member Name or Team Name: _____ Date: _____
(use of a Team Name will carry no voting privileges or nomination rights)

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACT: I am an independent contractor assuming all responsibility for money received as a result of my activities including income tax, FICA, worker's compensation, and withholding taxes. I am not an employee of WIR or FRRC.

BENEFITS: I agree that I will be entitled only to the benefits of the Competitor Accident Policy procured by the Speedway for accidental injuries. The foregoing shall constitute the limit of liability of FRRC/WIR 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.

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

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 this Speedway and the undersigned agrees to accept the decision rendered by this process.

LITIGATION: All FRRC members and competitors expressly agree that determinations by FRRC technical officials as to the interpretation and application of the FRRC rules are non-liable, and that they will not initiate or maintain any kind of litigation against FRRC or anyone acting on behalf of FRRC, to reverse or modify determinations, or to recover damages, or to seek any other kind of relief. A FRRC member or competitor who initiates or maintains litigation agrees to reimburse FRRC for all costs of litigation, including attorney's fees.

X _____
Member's Signature Date

COMPETITORS - CONTINUE WITH FORM COMPLETION

NUMBER REQUESTED: _____ DIVISION: () SLM () LLM () SS () F8 () S4's

Date of Birth: ___/___/___ TO BE LISTED FOR ROOKIE CONSIDERATION CHECK HERE: ()

WHEN COMPLETING THIS FORM USE YOUR LEGAL NAME AS PRINTED ON YOUR SOCIAL SECURITY CARD.

NO PAYOUT CHECKS WILL BE GENERATED WITHOUT PROVIDING COMPLETE INFORMATION
IF ANY INFORMATION CHANGES DURING THE SEASON, PLEASE NOTIFY THE PIT OFFICE.

PAYOUT INFORMATION (winnings will be paid to...) **FULL LEGAL NAME**

Social Security #: ___ / ___ / _____ or FED ID#: ___ / _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

MEMBERSHIP FEE \$30.00 ()

COMPETITORS FEE \$20.00 ()

ADDITIONAL CLASSES \$20.00 EACH ()

SEASON PIT PASSES \$165.00 ()

Rec'd \$ _____
rec'd by _____
Check # _____ Cash