## 2021 --- Fox River Racing Club Membership Application--- 2021

Member Name or Team (use of	tion rights)			
Address:				-
City:	State:	Zip:	Phone #	
	ident contractor assuming all resp and withholding taxes. I am not a		eceived as a result of my activities including income ta or FRRC.	ıx,

**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 and 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 FRRC and WIR, now published or hereinafter modified. **BREACH & DAMAGE:** In the event the undersigned breaches this agreement, he shall be liable for damages sustained by the FRRC and WIR. **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 FRRC and WIR. 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.

DRIVERS ONLY!!!         MUST COMPLETE           NUMBER : DIVISION:         SLM () LM () SS () S4 () F8 () ST () V6 ()	QLM
	QLM
Date of Birth:// TO BE LISTED FOR ROOKIE CONSIDERATION CHECK HERE: (	()
WHEN COMPLETING THIS FORM USE YOUR LEGAL NAME	
IF ANY INFORMATION CHANGES DURING THE SEASON, PLEASE NOTIFY THE PIT OFFICE. PAYOUT INFORMATION (who winnings will be paid to:) SUBSTITUTE W-9 USE FULL LEGAL NAME ONLY Social Security #:/ / or FED ID#:/ Name:	
Address: State: Zip:	
City: Phone:	
MEMBERSHIP FEE \$30.00 (LATE FEE \$25.00 () Late fee applies after APRIL 30th at 6 PM	
COMPETITION FEE \$20.00 () Office use only	
Rcved by:	
ADDITIONAL CLASSES \$20.00 EACH() Cash or Ck #:	

SEASON PIT PASSES \$180.00 (\_\_\_\_\_) TOTAL AMOUNT:\_\_\_\_\_