

MUST BE COMPLETED BY PARTICIPANT OR PARENT/LEGAL GUARDIAN



2019 BUTLER SPEEDWAY REGISTRATION

REGISTRATION: Please fill out this form **COMPLETLEY**, sign it and return it to Butler Speedway with a check or money order in the amount of **\$25 per driver, per division**. Incomplete registrations will result in a forfeit of payout until registration is complete. All 3 pages must be completed.

CAR INFORMATION

WRITE IN CAR NUMBER AND CHECK THE DIVISION YOU WISH TO PARTICIPATE IN.

CAR NUMBER

CAR NUMBER IS REQUIRED

SPRINTS

MODIFIEDS

STREET STOCK

FWD

OTHER

Numbers on both sides and roof are required on all cars participating; must be at least 20 inches tall. **6" TALL NUMBER IN THE UPPER PASSENGER SIDE FRONT WINDOW ARE REQUIRED, THE TRACK WILL SUPPLY ONE AT A COST OF \$10 IF NOT PRESENT.** Race director reserves the right to transfer any car to another division if it does not meet qualifications for the division selected.

TAX AND PAYOUT INFORMATION

The IRS requires that a 1099-MISC be filed for any individual paid at least \$600 over a one year period. **You will not be paid regardless of amount owed without A VALID Tax ID Number!**

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

TAX ID OR SOCIAL SECURITY #: _____

PARTICIPANT INFORMATION

A minor release form is required to be filled out for any driver who will not be 18 years of age on 4/20/2019.

FIRST NAME: _____ LAST NAME: _____

ROOKIE: YES NO Less than 4 races in this division or higher in previous season(s). BIRTHDAY: _____

ADDRESS: _____ ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S) (defined as any training, competition, event, race, or program sponsored by or affiliated with Butler Speedway or any other Release, including but not limited to outdoor racing) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for participant, participant personal representatives, heirs, and next of kin:

- Acknowledges, agrees, and represents that participant has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which participant enters, and participant further agrees and warrants that, if at any time, participant is in or about RESTRICTED AREAS and participant feels anything to be unsafe, participant will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
- HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, competition vehicle owners and distributors, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releases," FROM ALL LIABILITY TO THE UNDERSIGNED, participant personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the UNDERSIGNED'S INJURY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
- HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
- HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- HEREBY acknowledge the use of my likeness in all photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I hereby irrevocably authorize any and all edits, altering, copying, exhibiting, publishing, or distributing of the photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ALONG WITH RULES OF COMPETITION AND PAYOUT POSTED AT BOTH THE TRACK AND WEBSITE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNATURE: **X** _____ I HAVE READ THIS AGREEMENT _____ DATE: _____

If under the age of 18 must be signed by parent or legal guardian and accompanied with minor release form.

Please make all checks out to and send completed forms to: Bob Garrett - P.O. Box 84 - Augusta, MI 49012

ANNOUNCER INFORMATION SHEET



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Information presented on this form **MAY** be used by the announcer during events to help entertain and inform the fans at the event. Please be as detailed as possible and only include the most vital information you feel is important to the fans. Filling out this form in no way guarantees that the information will be announced. Information on this sheet may be used on our website and/or social media sites and/or press releases.

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WRITE IN CAR NUMBER AND CHECK THE DIVISION YOU WISH TO PARTICIPATE IN.



CAR NUMBER IS REQUIRED

SPRINTS

MODIFIEDS

STREET STOCK

FWD

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CAR NUMBER

CAR COLOR: _____

NUMBER COLOR: _____

DRIVER INFORMATION

NAME ANNOUNCED: _____

NICKNAME: _____

BIRTHDAY: _____

ROOKIE: YES NO

FIRST YEAR OF RACING: _____

HOME TRACK: _____

CITY: _____

STATE: _____

SPONSORS

RACING MILESTONES - CHAMPIONSHIPS, BIG WINS ETC.

ABOUT YOUR FAMILY AND RACE TEAM

MEDICAL INFORMATION SHEET



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CAR NUMBER

CAR COLOR: _____

NUMBER COLOR: _____

DRIVER INFORMATION

AGE: _____

BLOOD TYPE: _____

FIRST NAME: _____

LAST NAME: _____

CITY: _____

STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT

RELATIONSHIP: _____

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

ADDRESS 2: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

CELL #: _____

PRIMARY DOCTOR OFFICE

NAME: _____

OFFICE NAME: _____

ADDRESS: _____

ADDRESS 2: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

AFTER HOURS PHONE: _____

ANY MEDICAL CONDITIONS

IF MORE ROOM IS NEEDED PLEASE STAPLE AN ADDITIONAL SHEET TO THIS FORM.

ANY MEDICATIONS TAKEN