

**Show-Me Racin Series**  
**2009 MEMBERSHIP APPLICATION**

(PLEASE READ CAREFULLY, FILL OUT COMPLETELY AND SIGN WHERE MARKED)

I am the applicant identified below. I acknowledge that I am familiar with the current rules of the Show-Me Racin Series and know that they may be amended from time to time. I understand that this membership is non-transferable.

I understand that I am an independent contractor and not an agent, servant or employee of Show-Me Racin Series. I acknowledge and assume all responsibility for any charges, record keeping, premiums and taxes, if any, payable on any funds I may receive as a result of my activities as a Show-Me Racin Series member, including, but not limited to, social security taxes, unemployment insurance taxes, workers compensation insurance, income taxes and withholding taxes.

**ADVERTISING AND PROMOTION RELEASE:** Show-Me Racin Series may use the APPLICANT'S name, photographs of the APPLICANT or the APPLICANT'S car, taken during the event, in any way, medium or material, for promoting, videotape reproductions and the like, and do relinquish all rights for these purposes.

**X 1** \_\_\_\_\_  
 (APPLICANT'S LEGAL SIGNATURE, IN INK)

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**  
**THIS SECTION MUST BE CAREFULLY READ AND SIGNED BY THE APPLICANT**

In consideration of being permitted to enter for any purposes any RESTRICTED AREA (defined as including but not limited to the racing surface, pit areas, infield, grandstand area, and all walkways, concessions and other areas where any activity related to the event shall take place), or being permitted to compete, officiate, or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and his participation, if any, in the event constitutes and acknowledgement that he has inspected such restricted area or areas and accepts the same as being safe and reasonably suited for the purpose of his use, and he further agrees and warrants that is any time, he is in or about restricted areas and he feels anything unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoter, participants, sanctioning organization or any subdivision thereof, track operator, track owner, officials, car owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for the purpose herein referred to as "releasees", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing, working for, or for any purpose participating in the event.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.
3. HEREBY AGREES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing or for any purpose participating in the event.

EACH OF THE UNDERSIGNED acknowledges and agrees that the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the state in which the event is 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.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made:

**X 2** \_\_\_\_\_  
 (APPLICANT'S LEGAL SIGNATURE, IN INK)

Driver Name \_\_\_\_\_ Car # \_\_\_\_\_ Driver Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Driver Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell No. (\_\_\_\_) \_\_\_\_\_  
 Driver Social Security # or Tax ID # \_\_\_\_\_  
 Owner Name (if different from above) \_\_\_\_\_ Owner Address \_\_\_\_\_  
 Owner Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Owner Social Security # or Tax ID # \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address /Website (if applicable) \_\_\_\_\_  
 Major Sponsors \_\_\_\_\_

Only Show-Me Racin Series members who compete in 75% of Show-Me events will be eligible for point fund and race contingency prizes for 2009. The Show-Me Racin Series Membership for 2009 includes a \$50,000 excess medical insurance policy (after \$10,000 deductible or any available track insurance, which ever is higher, and also after any other insurance that you may have), which covers you during any Show-Me sanctioned event. A \$10,000 accidental death and dismemberment policy is also included for Show-Me sanctioned events only (plus 24/7 non-racing). The policy period is from March 2009 through March 2010.

**Membership Fees**

Driver Membership.....\$100	_____ \$20 Associate Membership Fee (recommended for crew, family members, etc)
Associate Membership \$20 X _____ = _____	Name _____
	City, State _____
Total enclosed .....\$ _____	Name _____
A RaceCeiver will be required and can be purchased through the series.	City, State _____

Please make checks payable to *Show-Me Racin Series* and mail entire page to:  
 9759 State Hwy PP  
 Cape Fair, MO 65624