

Requested car #	Make/model	Car colors
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# ENTRANT LICENSE AND INSURANCE BENEFIT PLAN CONTRACT

Car # Received	
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**DMS USE ONLY – Do Not write in spaces below**

Racer Card # \_\_\_\_\_ Owner card # \_\_\_\_\_  
 Date \_\_\_\_\_ paid \$ \_\_\_\_\_ cash ck# \_\_\_\_\_

## 2010 Dixie Motor Speedway License SUPER Registration

In order to collect winnings driver or owner must show their card, only driver or owner may pick up winnings unless prior arraignments have been made!

Type of membership-check appropriate boxes (please check one)

Driver/Owner  Driver  Owner \$10 (if different from driver)

Owners Name \_\_\_\_\_ 1099 form will be sent to driver unless **Owner fills out separate Tax Registration Form** (on back) for all Dixie drivers who will participate in points, competition and monies at Dixie Motor Speedway (\$10 administration fee)

East vs West (June 11<sup>th</sup>) \$75;  47<sup>th</sup> DIXIE CLASSIC (July 16<sup>th</sup>) \$75;  8<sup>th</sup> BIG ONE!!! (Aug 6<sup>th</sup>) \$75

All three Dixie Cup SUPER Shows \$200

How many years Racing? \_\_\_\_\_  Rookie (have you ever driven in this division before at Dixie) if yes how many races? \_\_\_\_\_

### Driver's

**LEGAL NAME, Last** \_\_\_\_\_ **First** \_\_\_\_\_ **M** \_\_\_\_\_ **Age** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_ **LOT # or APT #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ Telephone #'s \_\_\_\_\_  
 \_\_\_\_\_ Residence ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Employment: \_\_\_\_\_ Employer \_\_\_\_\_ Your \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Address or city \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_ Physical Condition \_\_\_\_\_ Any Handicap or Disabilities?  NO  YES\* \*If Handicaps or Disabilities exist, describe on add'l paper and attach

Do you have Health Insurance?  NO  YES Health Insurance: \_\_\_\_\_ Type:  Group  Individual any allergies: yes / no describe: \_\_\_\_\_  
 Name of Company \_\_\_\_\_

Email Address \_\_\_\_\_ Spouses Name: \_\_\_\_\_

BENEFICIARY STATEMENT: I hereby designate and name as Beneficiary  Spouse  Significant other  Parent  Other \_\_\_\_\_  
 Name \_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ phone # ( ) \_\_\_\_\_

### AGREEMENT

Racing is a Dangerous Sport. Injury and/or death can result from racing related activities. As a participating car owner, driver, spectator, mechanic, employee, official, sponsor or independent contractor, I agree that the track & pit areas are in safe condition if I take part in racing activities, and that I have been given no implied or expressed warranty of safety.

I understand that my signature along with the registration fee, and acceptance of this application by the D.M.S. makes me a member of the D.M.S. club and entitles me to the benefits thereof.

I understand that as a registered member of D.M.S., I and my heirs and assigns will be entitled to the Competitor Accident Insurance Policy procured by D.M.S. for accidental injury or death sustained in D.M.S. events, provided proper notice is given to D.M.S. The policy coverages in force shall be considered the limit of liability of D.M.S. for injury or death occurring to me in any D.M.S. event.

**I also understand that as a member of D.M.S. I am eligible to compete for the drivers point championship and point fund.**

I certify that I am an independent contractor and not an employee of D.M.S. I assume all financial responsibilities including, but not limited to, withholdings tax, income tax & workmen's compensation insurance with regard to any monies received from D.M.S.

**Unsportsman like conduct will not be tolerated under any circumstance can and will result in immediate removal, suspension and/or fine.**

Any dispute, controversy or claim involving the undersigned member shall be settled in accordance with existing and/or amended rules and regulations of D.M.S., and I agree to accept the decisions rendered in the process. Disputed decisions may be appealed, in writing to the Speedway office within 5 days. Upon appeal, D.M.S. decisions are final. Drivers agree to be responsible for ALL crewmembers, registered or unregistered. D.M.S. reserves the right to adjust division rules, including weight, in the interest of fair and competitive racing. D.M.S also reserves the right to amend or modify Speedway policies, rules and regulations as may be needed.

I consent to the use of my name and/or pictures of me and my car for publicity, advertising and endorsements, and relinquish any rights to photos taken in connection with racing activities and consent to the publication or sale of such photos by D.M.S.

**I AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS AGREEMENT AND THE REQUIREMENTS OF THE RULES AND REGULATIONS OF DIXIE MOTOR SPEEDWAY AS NOW PUBLISHED, OR AMENDED IN THE FUTURE. I AGREE NOT TO ENGAGE IN ANY ACTIVITY THAT WOULD DISTRICT OR INHIBIT RACING AT D.M.S. BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE THAT IN THE EVENT I BREACH THIS AGREEMENT, I AM LIABLE FOR ACTUAL AND LIQUIDATED DAMAGES SUSTAINED BY THE SPEEDWAY AS A RESULT OF SUCH BREACH.**

Driver's legal signature: \_\_\_\_\_ Owner's legal signature: \_\_\_\_\_

Witness(1): \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form signed, dated and check or money order to: Dixie Motor Speedway - 10945 Dixie Hwy; Birch Run, MI 48415  
989.624.9778; Fax 989.624.9570**

