



689 MARIAVILLE ROAD, SCHENECTADY, NY 12306
Ph (518) 382-3115 FAX (518) 382-0680 www.fondaspeedway.com

FONDA SPEEDWAY LICENSE/MEMBERSHIP APPLICATION

IN CONSIDERATION of the acceptance by FONDA SPEEDWAY of this application, issuance of license, my being permitted on the speedway premises, or any of the foregoing, I myself, my heirs, next of kin, personal representatives and assigns, FOREVER RELEASE, REMISE and FOREVER DISCHARGE and AGREE TO HOLD HARMLESS AND INDEMNIFY FONDA SPEEDWAY, the promoters presenting races or other events under FONDA SPEEDWAY, the owners and lessees of premises on which FONDA SPEEDWAY events are presented, the participants thereon, and the owners and/or manufacturers of all racing equipment used in FONDA SPEEDWAY events, the officers, directors, agents, employees and servants of all of them, including FONDA SPEEDWAY officials, of and from all liability, claims, actions and of possible causes of action whatsoever including negligence of any of the foregoing that may accrue to me or my heirs, next of kin and personal representatives, from every and any loss, damage and injury (including death) that may be sustained by my person and property while in, about, and enroute into and out of premises where FONDA SPEEDWAY events are presented.

I HEREBY CERTIFY that any license granted hereunder, is granted for the sole purpose of enabling me to participate in the furtherance of an enterprise, to wit, a race, or other motorsports-related activity. My presence in, about, or enroute into or out of any premises where FONDA SPEEDWAY events are presented is in furtherance of that FONDA SPEEDWAY event.

BY MY SIGNATURE BELOW, I hereby forever RELEASE and ASSIGN to FONDA SPEEDWAY all rights to my image and the image of the vehicle described below, whether portrayed in still or motion pictures, drawings or other artistic renderings, relating to or depicting my participation in FONDA SPEEDWAY events.

NAME: _____ CIRCLE ONE: DRIVER & OWNER / DRIVER / OWNER / CREW

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CAR # _____ MOD _____ 602 SPORTSMAN _____ PRO ST _____ STREET ST _____ 4 CYL _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____ SS#/FED ID #: _____ D/O/B: _____

INS. CO: _____ POLICY ID: _____

IN CASE OF EMERGENCY NOTIFY: _____

PREVIOUS DRIVER/YEARS OF RACING/WHERE: _____

IF DRIVER ONLY PLEASE SUPPLY THE FOLLOWING:

CAR OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SS#/FED ID# (FOR 1099): _____

WHO CAN PICK UP WINNINGS? _____

WHO SHOULD WINNINGS BE MAILED TO? _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PAYMENT AMOUNT: \$ 75 SEND APPLICATION TO ABOVE ADDRESS WITH CHECK, MONEY ORDER OR CREDIT CARD INFORMATION OR CREDIT CARD ORDER BY PHONE CALL (518) 382-3115

VISA/MC# _____ EXP DATE: _____ 3 digit code _____

NAME ON CARD: _____ PHONE _____

ADDRESS _____