

REGISTRATION FORM AND LEGAL RELEASE

PLEASE FILL OUT THE FOLLOWING FORMS, THEY ARE REQUIRED FOR MEMBERSHIP.
MAIL ALONG WITH YOUR CHECK

IMPORTANT

THE MEMBER ACKNOWLEDGES THAT HE/SHE HAS COMPLETED THIS APPLICATION ACCURATELY. THE MEMBER ALSO ACKNOWLEDGES THAT HE/SHE UNDERSTANDS THE RISKS INHERENT IN AUTOMOBILE RACING AND THAT ALL STAR RACING ASSOCIATION DOES NOT ORGANIZE ANY RACING EVENTS BUT MERELY OFFERS ENHANCEMENTS TO THE PURSES PAID BY THE INDIVIDUAL RACE TRACKS TO THE MEMBERS OF ALL STAR RACING ASSOCIATION. IN CONSIDERATION OF THIS SERVICE PROVIDED TO ITS MEMBERS BY ALL STAR RACING ASSOCIATION, YOU THE MEMBER, AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS ALL STAR RACING ASSOCIATION AND ITS OFFICERS, DIRECTORS, SPONSORS, AND MEMBERS FROM ANY AND ALL LIABILITY RESULTING FROM ANY AND ALL CLAIMS AND/OR DEMANDS WHICH YOU, YOUR HEIRS, SUCCESSORS, ASSIGNS AND ESTATE MAY HAVE AGAINST ALL STAR RACING ASSOCIATION, ITS OFFICERS, DIRECTORS, SPONSORS, AND MEMBERS. THE MEMBER ACKNOWLEDGES THAT HE HAS READ THIS STATEMENT, UNDERSTANDS IT FULLY, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Signed under seal this _____ day of _____, 2024

Print Member's Name

Signature

Winnings to be paid to

Print Name

Signature

SS Number/Tax ID Number

2024 ALL STAR RACING ASSOCIATION REGISTRATION FORM

NAME _____ FULL _____ ASSOCIATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

NHRA/IHRA PERM # _____ CLASS _____

YEAR _____ MAKE _____ MODEL _____

ENGINE _____ CU.IN. _____ ADV HP _____ NHRA HP _____

MIN WEIGHT _____