



Membership Registration 2022

Cost \$75

Car Number	
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Please Print Information-

Owner Name: Last _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Driver Name: Last _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Payment of fee can be made by VENMO **OR** Check made payable to:

MID-ATLANTIC SPRINT SERIES, LLC.

P.O. BOX 1184

ELMER, NJ 08318



Do not write in this box

Date Fee Paid:	Check #:	Cash:	License #
Approved by :	VENMO:		

II Section Two: PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being permitted to join Mid-Atlantic Sprint Series LLC and being permitted to participate in or be a spectator at Mid-Atlantic Sprint Series LLC events during 2022 I hereby:

1. Release, waive, discharge and promise not to sue Mid-Atlantic Sprint Series LLC, any of its official, any of it members, any of its sponsors, or car owners, drivers, pit crews, for personal injury or property damage which I sustain during 2021 arising out of an Mid-Atlantic Sprint Series LLC event, whether the loss is caused by the negligence of Mid-Atlantic Spring Series LLC or its members. This does not waive right of suit in the event that an action is termed criminal within the jurisdiction of applicable law.
2. Agree to indemnify and hold harmless Mid-Atlantic Sprint Series LLC, its officials and members for any loss, liability, damage, or cost which may incur due to my presence at a Mid-Atlantic Sprint Series LLC event, whether I am competing, officiating or observing a Mid-Atlantic Sprint Series LLC event.
3. Assume the risks inherent in automobile racing and assume responsibility for the bodily injury or property damage which those risks can cause.
4. Reserve to Mid-Atlantic Sprint Series LLC and its members and officials, any rights to publish, produce, copyright, duplicate, reproduce upon hats, tee-shirts, and other such novelty concession items, written articles about me, photos and drawings of my likeness or of my racecar. This does not prohibit me from promotional products, nor does this allow Mid-Atlantic Sprint Series LLC to take any proceeds from material produced by me, unless marketed by Mid-Atlantic Sprint Series LLC.
5. I understand that I will be entitled to benefit of the Competitor Accident Insurance policy procured by the Speedway for accidental injuries or death. The coverage of said policy shall constitute the limit of liability of the Speedway for such injuries occurred to me in the event, provided proper notification of such occurrence is filed with the Speedway. It is understood that the policy held by the track is secondary insurance. The Mid-Atlantic Sprint Series LLC membership fee does not include any insurance policy
6. Governing Law. In the event of a dispute arising under this Agreement, it is agreed between the parties that the law of the State of New Jersey, Mercer County will govern the interpretation, validity and effect of this agreement without regard the place of execution of place of performance thereof.
7. I certify that I am an independent contractor, assuming all responsibility for monies received as a result of my activities with Mid-Atlantic Sprint Series LLC including income taxes. I hereby certify that any membership granted hereunder is granted for the sole purpose of enabling me to participate in the furtherance of any enterprise to with, a race, or other motorsports related activity. My presence in, about or in-route to or out of any premises where Mid-Atlantic Sprint Series LLC sanctioned events are presented in furtherance of that Mid-Atlantic Sprint Series LLC event.
8. By signing below, I agree to follow all the rules and regulations and responsibilities as in IMCA, Racesaver, and the 2022 Mid-Atlantic Sprint Series LLC Waiver and Rules. I hereby release the officials of Mid-Atlantic Sprint Series LLC from damages resulting from their decisions and/or interpretations of rules.
9. I have read the forgoing and understand its contents and agree that if any of the paragraphs or provisions of this contract are deemed illegal, the rest of the document shall stand in full force and effect.

Signature: _____ Date: _____

Employee's Withholding Allowance Certificate

2019

▶ **Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5 _____
6 Additional amount, if any, you want withheld from each paycheck	NRA	6 \$ _____
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 		
If you meet both conditions, write "Exempt" here ▶		7 NOT APPLICABLE
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		Date ▶
		9 First date of employment
		10 Employer identification number (EIN)