Membership Registration 2024



Cost \$75

Car Number

Hard Card No.

Please Print Information-

Owner Name: Last		First	
Address:			
City:	State:	Zip:	
Home Phone:			
Email:			
Emergency Contact:	Relationship:		
Emergency Phone:			
Driver Name: Last			
Address:			
City:	State:	Zip:	
	Cell Phone:		
Email:			
Emergency Contact:			
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:	IMCA # :	

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 2023 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 2023 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 2023 Mid-Atlantic Sprint Series LLC Waver 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:

Form W-9	
(Rev. October 2018)	
Department of the Treasury Internal Revenue Service	y

Request for Taxpayer Identification Number and Certification

	of the Treasury nue Service	► Go to www.irs.gov/FormW9 for instructions and the latest information.		send to the IRS.	
1 N	ame (as shown	on your income tax return). Name is required on this line; do not leave this line blank.			
2 B	usiness name/d	isregarded entity name, if different from above			
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		certain en instruction	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):		
	Individual/sole single-membe	r LLC	2.	iyee code (if any)	
pecific Instructions	Note: Check to LLC if the LLC another LLC to	y company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) he appropriate box in the line above for the tax classification of the single-member owner. Do not chec is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is hat is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC th from the owner should check the appropriate box for the tax classification of its owner.	S and off an	n from FATCA reporting	
	Other (see ins	tructions) ►	(Applies to acc	counts maintained outside the U.S.)	
7 Li		ber(s) here (optional)			
			security numb	curity number	
ckup wit ident ali	hholding. For	individuals, this is generally your social security number (SSN). However, for a ietor, or disregarded entity, see the instructions for Part I, later. For other rer identification number (EIN). If you do not have a number, see <i>How to get a</i> or	-	-	
		er identificati	ion number		
		uester for guidelines on whose number to enter.	-		
art II	Certific	cation			
der pen	alties of perju	y, I certify that:			
am not Service	subject to ba (IRS) that I am	a this form is my correct taxpayer identification number (or I am waiting for a number to be ckup withholding because: (a) I am exempt from backup withholding, or (b) I have not beer subject to backup withholding as a result of a failure to report all interest or dividends, or ackup withholding; and	n notified by	the Internal Revenue	
I am a U	S. citizen or	other U.S. person (defined below); and			
The FAT	CA code(s) er	tered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments are than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.