

Toccoa Raceway Driver Registration Form

THIS FORM MUST BE FILLED OUT BEFORE ALLOWED TO RACE

WHO RECEIVES EARNINGS and 1099 FORM? (Please check) _____ Driver _____ Owner

DRIVER'S NAME: _____ SSN/Fed I.D. #: _____
ADDRESS: _____ PHONE: _____
City/State/Zip: _____ Date of Birth: _____
EMERGENCY NAME & CONTACT #: _____

All Information is the SAME as ABOVE (Initial if the same, if not, complete below)

OWNER'S NAME: _____ SSN/Fed I.D. #: _____
ADDRESS: _____ Phone: _____
City/State/Zip: _____ Date of Birth: _____

Division: _____ Car Number _____

*if driver is under 18 years of age, driver MUST have a registration form on file which must be signed by both parents and/or a legal guardian.

I do hereby release, remise, and forever discharge Toccoa Raceway and all officers, directors, agents, employees, the owners and leases of premises of which events are conducted, the owners, sponsors, and manufacturers of all racing equipment upon the premises, from all liability claims. Actions and possible cause of action whatsoever that may occur 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. I have read and fully understand this waiver and release of liability and indemnity agreement, and I know and understand my signature on this application form operates as a complete release of Toccoa Raceway. By signing this registration form below, you are acknowledging you have read and fully understand the rules and you are 100% legal and understand the penalties if you are not.

Driver Signature: _____
Date: _____

Owner Signature: _____
Date: _____