



Number Registration and Contract
Complete this form and provide to:
Clay County Fair Speedway
800 W 18th Street
Spencer, IA 51301

CLASS _____ **CAR #** _____ **EMAIL** _____

DRIVER INFORMATION

FIRST NAME _____ **LAST NAME** _____ **MIDDLE INITIAL** _____

SSN # _____

HOMETOWN _____ **ROOKIE: YES / NO**

ADDRESS _____ **STATE** _____ **ZIPCODE** _____

HOMEPHONE _____ **CELLPHONE** _____

DRIVER HEALTH INFORMATION

INSURANCE COMPANY _____ **TYPE: INDIVIDUAL / GROUP**

BENEFICIARY STATEMENT: I hereby designate and name as my beneficiary my:

SPOUSE _____ **CHILDREN** _____ **PARENTS** _____

OTHER NAMES _____ **RELATIONSHIP** _____

The person who gets the Purse, Point Fund Checks and IRS 1099 is:

FIRST NAME _____ **LAST NAME** _____ **MIDDLE INITIAL** _____

SSN # _____

ADDRESS _____ **STATE** _____ **ZIPCODE** _____

AGREEMENT

CONTRACT: I hereby certify that I am an independent contractor, assuming all responsibility for monies received as a result of any activities at Clay County Fair Speedway, including without eliminating, income taxes, FICA workman's compensation, and withholding taxes. I am not an employee, servant or agent of Clay County Fair Speedway.

CONSIDERATION AND COMPLIANCE: In consideration of acceptance by Clay County Fair Speedway of this application and payment of registration, the undersigned agrees to abide by all the rules and regulations of Clay County Fair Speedway as to conduct and mechanical applications as now published or hereafter magnified. The undersigned further recognizes his obligation to the public and Clay County Fair Speedway which posts the prize monies and conducts the events, and agrees to compete in all events for which he may be qualified or assigned if humanly possible.

BREACH AND DAMAGE: In the event the undersigned breaches this agreement. He or she shall be liable for actual and liquidated damages sustained by Clay County Fair Speedway as direct or indirect result of such breach.

BENEFITS: I understand and agree that myself and my executors and assigns, will be entitled to the benefits of the Competitor Accident Insurance Policy procured by Clay County Fair Speedway for accidental death or injuries which occur as the direct result of external, violent and visible means sustained in Speedway events. The coverage of said policy shall constitute the limit of liability of Clay County Fair Speedway for such injuries occurring to me in an Speedway event, provided proper notification of such occurrence is filed by Clay County Fair Speedway.

ADVERTISING RELEASE: The undersigned consents to the use of his/her name and/or pictures of himself/herself and car for publicity, advertising and endorsements, both before and after events, and relinquishes any rights to photos taken in connection with events, and consents to the publication or sale of such photos by Clay County Fair Speedway. This includes and video or delayed admission of images and audio broadcasts.

ARBITRATION: Any dispute, controversy or claim involving the undersigned, whether or not relating to this agreement or same, shall be settled in accordance with existing and/or amended rules or regulations of Clay County Fair Speedway, and the undersigned agreement to accept the decisions rendered by such process. This process will be settled via the law and jurisdiction of Clay County, Iowa.

BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE RULES OF THE CLAY COUNTY FAIR SPEEDWAY.

DATE: _____

SIGNATURE: _____

WITNESS: _____