



Fairgrounds Speedway Nashville 2017 Car Registration Form



Division: _____ Car # _____ Pit Stall # _____

Yes No Does Driver/Owner intend to compete for points?

Yes No Is Driver Running for Rookie of the year?

ENTIRE FORM MUST BE COMPLETED

Driver Information

First Name: _____ Last Name: _____ MI: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number _____ Home/ Work Number: _____

Work Number _____ E-Mail _____

Car Make: _____ Year: _____ Chassis Type: _____

Started Racing – Year _____ Primary Sponsor: _____

Purse Paid To: _____ Fed ID or SS # _____

Payee's Address: _____

City: _____ State: _____ Zip Code: _____

Payee's Phone Number: _____

Main contact for administrative concerns: Payee Driver



Emergency Contact: _____ Phone: _____

Fairgrounds Speedway Nashville WILL NOT be responsible for ANY of the following:

1) Address and/or phone number changes. 2) Any information that is NOT provided on this form! If this form is not completed correctly any and all payouts will be held until form is completed correctly.

MINOR RELEASE REQUIRED IF UNDER AGE 18

CONTRACT: I am an independent contractor assuming all responsibility for money received as a result of my activities including without eliminating income tax, FICA, workers compensation and withholding taxes. I am not an employee, servant or agent of Fairground Speedway at Nashville. **BENEFITS:** I agree that myself, executors and assigns will be entitled only to the benefits of the Competitor Accident Policy procured by Fairground Speedway Nashville for accidental injuries which are as a result of external violent and visible means sustained in speedway events. The foregoing shall constitute the limit of liability of Fairgrounds Speedway at Nashville for such injuries occurring to me at any speedway event provided proper notification minute given. **COMPLIANCE:** The undersigned agrees to abide by all rules and regulations of Fairgrounds Speedway at Nashville now published or hereinafter modified. In consideration of the acceptance by Fairgrounds Speedway at Nashville of this agreement, the undersigned recognized their obligation to the public and Fairgrounds Speedway at Nashville, which post the prize money and conducts the event, and agrees to compete in all events when qualified if humanly possible. **BREACH & DAMAGE:** In the event the undersigned or his assigns breach this agreement, he shall be liable for the actual and liquidated damages sustained by the Fairgrounds Speedway at Nashville. **OWNERSHIP:** As owner of registered car, I certify I have a good, marketable title to the competition vehicles free from liens and encumbrances, and will deliver goods and marketable title to said vehicle for any part thereof in the event the same claimed clay pursuant to the rules of the Fairgrounds Speedway at Nashville. **ADVERTISING RELEASE:** The undersigned consents to the use of his or her name, pictures of self or car for publicity, advertising and endorsements both before and after the events, and relinquishes any rights to photos taken in connection with events and consents to the publication or sale of such photos as Fairground Speedway at Nashville/On Track Photo desires. **ARBITRATION:** Any controversy or claim arising out of or relating to this agreement, including any alleged breach, shall be settled in accordance with the rules and regulations of the Fairgrounds Speedway at Nashville and the undersigned agrees to accept the decision rendered by this process. **RELEASE & WAIVER:** The undersigned acknowledges that by signing the release and waiver at each event, in exchange for admittance to restricted areas. **HIPPA RELEASE:** The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA, Title II) require the Department of Health and Human Services (HHS) to establish national standards for the security of electronic health care information which specifies a series of administrative, technical and physical security procedures for covered entities to use to assure the confidentiality of electronic protected health information. The standards are delineated into either required or addressable implementation specifications. The HIPPA Privacy Rule Permits a covered hospital or other covered health care provider to maintain in a directory certain information about patients, patients name, and location in the facility, health condition expressed in general terms that does not communicate specific medical information about the individual and religious affiliation. When, due emergency treatment circumstances or incapacity, all participants, that have signed in to enter the restricted area, have not been provided an opportunity to express his or her preference about how, or if, the information may be disclosed, directory information about the patient may be made available if doing so is in the individual's best interest as determined in the professional judgment of Fairgrounds Speedway at Nashville and it's health service providers. In these cases, as soon as practicable the patient will be informed about the directory and provided the patient and opportunity to express his or her preference about how, or if, the information may be disclosed.

HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS OF THE RULES OF THE FAIRGROUND SPEEDWAY AT NASHVILLE.

Signature: _____ Date: _____

Print Name: _____

