



# Fairgrounds Speedway Nashville 2019 Car Registration Form



Division: \_\_\_\_\_ Car # \_\_\_\_\_ Pit Stall # \_\_\_\_\_ Transponder #: \_\_\_\_\_

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

Yes  No Is Driver Running for Rookie of the year?

Check Mailed or  Check held in Speedway Office

## ENTIRE FORM MUST BE COMPLETED

### Driver Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number \_\_\_\_\_

**E-Mail (Required)** \_\_\_\_\_

Chassis Type: \_\_\_\_\_ Body Type:  Five Star  AR Bodies

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.**

**BY SIGNING THIS FORM YOU AGREE TO ALL TECHNICAL, GENERAL AND SCORING RULES IN THE 2019 RULE BOOK.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
-     -	
or	
Employer identification number	
-	

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered 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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.