



2018 Membership Application

MEMBERSHIP – INDIVIDUAL\$ 75.00 \$ _____

FAMILY\$ 100.00 \$ _____

TOTAL MEMBERSHIP DUES FOR 2018 \$ _____

(Membership entitles you to a discount entry fee on race days, practice days and eligible for end of year awards)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____ E-MAIL _____

FAMILY MEMBERS INCLUDED IN FAMILY MEMBERSHIP _____

DRIVERS INFORMATION (Driver's under 15 must attach a copy of the Birth Certificate)

DRIVER'S NAME _____ DATE OF BIRTH _____

CLASS _____ REQUESTED NUMBER _____ HAVE YOU RACED KARTS BEFORE (Y or N)

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RELEASE OF LIABILITY Whereas the undersigned desires to participate in kart racing and practice at Nicholson Speedway in Chestertown, Maryland, it is certified and agreed as follows.

That I agree to all the rules, regulations and terms prescribed by the American Kart Racing Association and Nicholson Speedway and that I am bound thereby.

That I, for myself and my heirs and assigns, release the above mentioned organization and speedway, their officers, agents and assigns, and that I further release myself, my heirs and assigns, their officers, servants and agents, and any person and all persons with whom I have contracted with reference to use or lease of the grounds on which the above activities are to be held, all from personal injury or from property damage sustained by me.

I further agree to hold Nicholson Speedway harmless, their officers, agents, and any and all persons with whom I have contracted with reference to sue or lease of the grounds on which the above activity is to be held and indemnify said party or parties for any personal injury, property damage or other loss to my person or property or to any other persons or their property from any cause whatsoever.

That I further agree to observe all laws, state and municipal, or any other public authority, during the participation in the above activity.

SIGNED _____ WITNESSED _____ DATE _____

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Send all application paperwork to : Nicholson Speedway P.O. Box 393 Chestertown, MD. 21620

Or bring to first practice or race day !

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

EMERGENCY CONTACT FORM _____ DATE RECEIVED _____ INITIALS _____ AGE VERIFICATION (BIRTH CERT) _____

PAYMENT: CASH _____ CHECK _____ CHECK NUMBER _____ CREDIT CARD _____

MEMBERSHIP CARD NUMBER _____