



In order to participate in the 2021 racing season at the Arlington Raceway, all drivers must complete this form and have it on file with the race track.

IMCA Sport Compact _____ IMCA Hobby _____ Outlaw Hobby _____
IMCA Sport Modified _____ IMCA Sprint _____ IMCA Stock _____ IMCA Modified _____
Figure 8 _____ Auto Cross _____ Auto Cross Co-Driver _____
Truck Cross _____ Truck Cross Co-Driver _____

Number _____ Year/Make _____
Driver's Name _____
Address _____ City _____
State _____ Zip _____ Birthdate _____ Age _____
Email address _____
Home Phone _(_____) _____ Cell Phone _____
Social Security Number _____
Spouse or Parent Name and Address _____

Beneficiary Statement: I hereby designate and name as beneficiary: Spouse _____
Parent _____ Other _____ (Name and Address) _____

Years of Racing Experience _____ Year began _____
Are you a Rookie in this division? Yes _____ No _____

Sponsors:

Pit Crew:

2021 Driver Registration Form

Contract: I hereby certify that I am an independent contractor, assuming all responsibility for monies received as a result of my activities at Arlington Raceway, without eliminating income taxes, FICA, workman's compensation, and withholding taxes. I am not an employee, servant or agent of the Arlington Raceway.

Consideration and Compliance: In consideration of acceptance by the raceway of this application and payment of entry fees, the undersigned agrees to abide by all rules and regulations of the raceway as to conduct and mechanical specifications, as now and published or hereafter modified. The undersigned further recognizes his/her obligation to the public and the raceway which posts the prize monies and conduct the events, and agrees to compete in all events for which he/she may be qualified, if humanly possible.

Advertising Releases: The undersigned consents to the use of their name, any pictures 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 the Arlington Raceway desires.

Breach and Damage: In the event the undersigned breaches this agreement, he/she shall be liable for actual and liquidated damages sustained by the raceway as a direct or indirect result of such breach.

Benefits: I understand and agree that I and my executors and assigns will be entitled to benefits of the competitor accident insurance policy procured by the raceway for accidental injuries or death which occur as the result of external and visible means, sustained in raceway events. The coverage of said policy should constitute the limit of liability of the raceway for such injuries occurring to me in any raceway event provided proper notification of such occurrence if filed with the speedway.

Ownership: As owner of the registered racing car I hereby certify that I have a good and marketable title to said vehicle free from liens and encumbrances, and will deliver good and marketable title to said vehicle or any part thereof, in the event same is claim or sold pursuant to the rules of the speedway.

Arbitration: Any dispute, controversy or claim involving the undersigned member, whether or not relating to this agreement or alleged breach of same, shall be settled in accordance with the existing and/or amended rules and regulations of the speedway, and the undersigned agrees to accept the decisions rendered by such.

Fuel Co-op: By signing this form, I agree that I am a member of the Arlington Raceway Fuel Co-op program. By my signature below, I certify that I have read and fully understand this agreement; I agree to abide by all the terms of this agreement and requirements of the rules of the Arlington Raceway.

Date: _____

Signature _____

Witness _____



2021 Arlington Raceway Medical Information

Car Class _____ Car Number _____

Name _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Name and Address in Case of an Emergency

Allergies or Medications _____

Other Medical Information _____

Blood Type _____ Last Tetanus Shot _____

Past Surgeries _____

Past Injuries _____

Significant Past Medical History (Hypertension, Diabetes, etc) _____
