



www.allisonlegacynorth.com

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Newburgh, NY 12550

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845-742-7144 Office
845-913-9174 Fax

2010 Allison Legacy North Race Series Membership

No driver will be allowed to compete in any ALNRS event until membership form is completed and returned to ALNRS office.

Car #:	Make:	Chassis #:	Engine Serial #:
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<p>Driver Information</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone #: Home _____ Cell _____ Fax _____</p> <p>E-mail Address: _____</p> <p>Date of Birth: _____</p> <p>Drivers License # & State: _____</p> <p>Please list any medical conditions of the Driver: _____</p> <p>Does the driver wear contacts or glasses? Yes ___ NO ___ Both ___</p> <p>In Case of Emergency, please contact _____</p> <p>Alt. phone # _____</p>	<p>Car Owner Information</p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone #: Home _____ Cell _____ Fax _____</p> <p>E-mail Address: _____</p> <p>Social Security #: _____</p> <p>Federal Tax #: _____ (if applicable)</p>
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Please List Sponsors: _____

Home Town Newspaper Include Fax Number of Sports Dept or E-mail Address: _____

I HERBY CERTIFY THAT ALL STATEMENTS AND ANSWERS PROVIDED BY ME ON THIS FORM ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. ADDITIONALLY, I FULLY UNDERSTAND THAT RACE CARS ARE DANGEROUS AND THAT PARTICIPATION IN RACING COULD RESULT IN MY INJURY OR DEATH. UNDERSTANDING THIS, I AGREE TO HOLD HARMLESS THIS ORGANIZATION, MICHAEL A. VASQUEZ, SR. dba (KMV RACING), IT' S MEMBERS, AGENTS, OFFICIALS, VOLUNTEER, OR EMPLOYEES FROM ANY LIABILITY RESULTING FROM ME RACING A LEGACY CAR.

ANY PARTS OR SERVICES SOLD OR PERFORMED ON CREDIT WILL BE THE RESPONSIBILITY OF THE CAR OWNER AND THE DRIVER.

ALL ACTIONS OF THE DRIVER, CREW AND CAR OWNER WILL BE THE RESPONSIBILITY OF THE CAR OWNER.

SIGNATURE OF DRIVER: _____ DATE: _____

SIGNATURE OF CAR OWNER: _____ DATE: _____

MAKE CHECKS PAYABLE TO: KMV RACING MEMBERSHIP FEE: \$225.00 Per Driver

**Allison Legacy North Race Series (ALNRS)
Release & Waiver of Liability, Assumption of Risk, Indemnity Agreement & Parental Consent**

1. I and/or the minor assume all responsibility and liability for all acts or activities of myself, my family, and crew and all damage that may occur as a result of my and/or the minor's participation in any ALNRS Sanctioned Event.
2. I and/or the minor know the nature of the events and my and/or the minor's experience and capabilities, and believe myself and or the minor to be qualified to participate in ALNRS events. If I and/or the minor believe anything to be unsafe, I and/or the minor will immediately leave the restricted area and refuse to participate further in the event.
3. I fully understand and will instruct the minor that: (a) the activities of the events are dangerous and participation in the event and restricted areas involves risk and danger of serious bodily injury, including permanent disability and possible death; (b) these risks and dangers may be caused by my or my minors own actions, or by those of others who may be participating in the event, the rules, the condition & layout of the premises and equipment, or the releases named below; (c) there may be other risks not known to me or that are readily foreseeable at this time; (d) the social and economic loss and/or damages that could result from those risks could be severe and life altering, and could permanently change the minor's future.
4. I consent to my and/or the minor's participation in the event and/or entry into restricted areas and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, or death, even if caused in whole or in part, by the negligence of the releases named below.
5. **I hereby release, discharge and covenant not to sue the promoters, participants, racing associations, sanctioning bodies, or any sub-division thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any person in a restricted area, promoters, sponsors, advertisers, owners & leasers I release any and all people involved, from all liability to me and/or my minor child, for any and all claims, demands, losses, or damages on account of any injury or loss, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.**
6. **If despite this release, I, the minor or anyone on my and/or the minor's behalf makes a claim against any of the releases named above, I agree to indemnify and save and hold harmless the releases from any expense or cost they may incur due to this claim.**
7. I and/or the minor understand that the foregoing release, waiver, indemnity, and covenant not to sue is intended to be as broad and inclusive as permitted by law and that if any portion is held to be invalid, the remainder shall continue to be in full force and effect.
8. **I sign this agreement on my behalf and/or behalf of the minor. I have read and understand this release and agreement. I am 18 or more years of age, and legally competent to enter into this agreement. I understand that by signing this agreement, I give up important legal rights that I and/or the minor would otherwise have to recover damages for losses occasioned by the releases fault.**

First Parent Initials _____ Second Parent Initials _____ Minor Initials _____

I understand that this release of all claims and covenant not to sue shall survive the expiration or termination of this membership. I accept the benefits of membership in ALNRS as good, valid, and adequate consideration and all statements in my application are true. I am not signing this agreement in reliance upon any statement or representation made by anyone. This agreement is the entire agreement between myself and ALNRS and may not be modified or amended except in writing signed by both parties. I intend for it to be enforced to the greatest extent allowed by law.

Driver Signature: _____

Date: _____

Print name: _____

First Parent/Guardian Sig. _____

Date: _____

Print name: _____

Second Parent/Guardian Sig. _____

Date: _____

Print name: _____

Emergency Contact Information

1. Name: _____ Phone: _____ Relationship to minor: _____

2. Name: _____ Phone: _____ Relationship to minor: _____

Both parents of guardians must sign this form.