

South East Super MiniCups

2012 Driver Registration

Driver Information

Parent / Guardian Information

If Driver is under the age of 18—Please complete the following

Name:
Address:
City:
State: Zip:
Home Phone:
Mobile Phone:
Birth Date:
Email Address:

Name:
Address:
City:
State: Zip:
Home Phone:
Work Phone:
Mobile Phone:
Email Address:

Car Information

Car Manufacturer: Avenger Bullet MMI NC Chassis

 1st Requested Car #: _____ 2nd Requested Car #: _____

SESMC Use Only

Received: _____
 Registration #: _____

2012 Driver's License fee is \$60 for season or \$15 per race.

By signing this registration form, driver and/or guardian acknowledges that they have read and will abide by the rules set forth by SESMC for the 2012 racing season.

Members Signature: _____	Date: _____
First Parent/Guardian: _____	Date: _____
Second Parent/ Guardian: _____	Date: _____

Mail Application and Check to: Jackie Armstrong, 68 Bluebird Trail, Fairfield, PA 17320
 Make Check Payable to SESMC and write 2012 SESMC Registration on Memo Line

Emergency Contact Information:

Name: _____	Home Number: _____
Relation: _____	Mobile Number: _____
Name: _____	Home Number: _____
Relation: _____	Mobile Number: _____

Southeast Super Minicups 2012 Racing Season-Waiver of Liability

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ANY AND ALL SOUTHEAST SUPER MINICUPS OR EVENTS, (hereby referred to as (SESMC), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in any SESMC activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in any SESMC activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of any SESMC activity or event in which I may participate, and that it will cover the actions of; me, any of my participating crew members and associate sponsor members, and responsibilities at said SESMC activity or event.

In consideration of my application and permitting me to participate in the SESMC events, I hereby take action for myself, crew members, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE ANY SESMC ASSOCIATE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me and my associates including my traveling to and from any SESMC event.

THE FOLLOWING ENTITIES OR PERSONS: Southeast Super Minicups (SESMC) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in a SESMC activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the SESMC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the SESMC.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any SESMC activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing association, sanctioning organization or any subdivision thereof, track operator, track owner, officials, car owners, drivers, pit crews, any persons in any restricted area, promoters, sponsors, advertisers, owners, lessees of premises used to conduct the event and each of them, their officers, agents and employees, all (for the purposes herein referred to as "Releasee's,) from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasee's" or otherwise.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Participant's Signature

Date:

(If under 18 years old, Date, Parent or guardian must also sign)

Print Parent or Guardian Name

:

Parent or Guardian Signature

Date: