



1-YEAR CREW CARD PACKET – 2020

PLEASE NOTE: You can renew your HSR membership through the Online Registration system or by submitting this packet to the HSR Office.

Please follow the directions below to renew your membership:

To Renew Online: Go to www.hsrrace.com, and click on the Online Registration button; Log into your profile and renew membership.

To Renew by Email/Mail/Fax: Fill out this Application Packet and send into the HSR office at the address listed below. Renewal packet is not considered complete until all required documents are submitted to the HSR Office.

PLEASE MAKE SURE TO SEND A DIGITAL PHOTO OF YOURSELF TO BE USED ON YOUR LICENSE.

THIS APPLICATION IS TO BE USED FOR A 1 YEAR MEMBERSHIP

MEMBERSHIP FEES: All 1-year memberships expire on December 31st of the year of issue.

ALL COMPLETED RENEWAL PACKETS RECEIVED BEFORE DECEMBER 31ST WILL RECEIVE THE REDUCED FEE - \$15 off**

(ALL documents required to renew license were received by the HSR Office by 12/31/19)**

1 Year

Crew Card ____ \$50

Driver/Team Affiliation: _____

PLEASE PRINT CLEARLY

Name: _____ Email: _____

Address: _____ City, State, Zip _____

Phone (W): _____ (H): _____ (C): _____

HSR E Registration Account Name: _____

If you do not create an online account, a generic username & password will be issued to you. Once your registration is complete, you will be able to manage your HSR membership through the portal located on the HSR website.

Payment Information:

Card # _____ Exp Date: _____ CVV: _____

Billing Zip Code if Different from Above: _____ **Checks made payable to: HSR**

I understand that HSR reserves the right to refuse any application for any reason, that acceptance of this license application and fee by any HSR official does not constitute approval of the application, and that all applications must be officially approved by HSR.

HSR (O) 727-573-1340	Please Mail All Paperwork to: P.O. Box 8110 (F) 727-573-1350	Clearwater, FL 33758 Email: registrar@hsrrace.com
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2020

ANNUAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

A NEWLY EXECUTED WAIVER IS REQUIRED EVERY 12 MONTHS

IN CONSIDERATION of my being permitted in RACING PROGRAMS to enter, for any purposes, the RESTRICTED AREA (herein defined as, including but not limited to the racing surface, pit areas, infield, burn-out area, approach area, shut down area, and all walkways, concessions, and other appurtenant areas where any activity related to the event shall take place or where special authorization, permission, or credentials are required, or where admittance to the general public is restricted or prohibited), or to compete, officiate, observe, work for, or for any purpose participate in the event in any way, I agree:

1. I AM AWARE OF THE NATURE of the EVENT(S) and my experience and capabilities, and believe myself to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which I may come in contact, AND IF I BELIEVE ANYTHING IS UNSAFE, I WILL IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND THAT: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from the Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE MY FUTURE.
3. I HEREBY ACCEPT AND ASSUME ALL SUCH RISKS KNOWN AND UNKNOWN AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES INCURRED FROM SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of PREMISES on which the Event is conducted, premises inspectors or Event inspectors, surveyors, underwriters, consultants, and other persons or entities who give recommendations, directions, instructions, or engage in risk evaluation or loss control activities regarding the premises or EVENT(S), and each of them, their officers, directors, agents, and employees, all for the purposes herein referred to as "RELEASEES," FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES INCURRED FROM ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
5. If, despite this release, I, or anyone on my behalf, makes a claim against any of the RELEASEES named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them from any litigation expense, attorney fees, loss, liability, damage, or cost they may incur due to the claim made against any of the RELEASEES named above, whether the claim is based on the negligence of the RELEASEES or otherwise.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OF ANY NATURE AND INTEND FOR IT TO BE ENFORCED TO THE GREATEST EXTENT ALLOWED BY LAW.

I HAVE READ THIS RELEASE

PARTICIPANT'S SIGNATURE

Printed Name of Participant

Date

SIGNATURE OF WITNESS

Printed Name of Witness

Date