



# 2011 License and Number Registration

CAR NUMBER



Please Check One Below:

Each application fee covers 2 people within the same team

## STANDARD REGISTRATION

(for those NOT intending to run ENTIRE schedule)

Reduced Event Entry Fees (over non-licensed)  
Per Race Contingency Award Eligibility

**\$150**

## COMMITMENT REGISTRATION

(for those committing to run ENTIRE schedule)

Reduced Event Entry Fees (over non-licensed)  
Per Race Contingency Award Eligibility  
Car Number Preference (over Standard)  
Per-Race Point Fund Bonus (from \$250 to \$75 min. per race)  
*Point Fund Bonus Eligibility Details at [www.craracing.net](http://www.craracing.net)*

**\$225**

# Waiver and Release of Liability and Indemnity Agreement

In consideration of being granted a license to participate in Champion Racing Association events, the undersigned hereby, in application for said license, agrees they have read the rules and to abide by all Champion Racing Association rules, regulations and amendments thereto, and officials decisions, rendered during the calendar year of this license period. This license is not transferable.

### Payment Must Accompany Application

I understand that this registration when accepted will cause me to be issued a competitors license, which is not an insurance policy and does not give me any right other than to establish my eligibility to procure upon payment of a fee, a pit pass and track provided competitor insurance limited to activities at that event for a Champion Racing Association sanctioned event.

I further agree to purchase a pit pass and competitor insurance before entering the pit area or engaging in competition and in consideration of the foregoing, I do hereby release, remise and forever discharge Champion Racing Association, and all officers, directors, agents, employees, the owners and lessees of premises of which events are conducted, the owners, sponsors and manufacturers of all racing equipment upon the premises, from all liability claims, actions and possible causes of action whatsoever that may accrue to me or my heirs, next of kin and personal representatives from every and any loss, damage and injury (including death) that may be sustained by my person and/or property while in about, en route into and out of premises of a sanctioned racing event or any premises where Champion Racing Association events are presented.

In consideration of awards for Champion Racing Association events and the acceptance of this license application by Champion Racing Association, the licensee assigns use of their name(s) and pictures of themselves and their race car presented for competition at the site of business of Champion Racing Association, to Champion Racing Association for their use in any medium or material for the purpose of promoting, advertising, recording or reporting and reproduction of same for sale for any Champion Racing Association purpose, before and after such event(s) and do hereby relinquish rights hereto for these purposes.

### This is a Release

Signature of Applicant #1

Date

Signature verified and application accepted by \_\_\_\_\_

I have read and fully understand this waiver and release of liability and indemnity agreement and I know and understand my signature on this application form operates as a complete release of Champion Racing Association, together with its officers, directors, officials, representatives, agents, sponsors & employees from any and all liability, including negligence, and I freely and willingly consent to this waiver and release of liability and indemnity agreement.

### This is a Release

Signature of Applicant #2

Date

Signature verified and application accepted by \_\_\_\_\_

## PLEASE PRINT OR TYPE - FILL OUT COMPLETELY

**#1** Check One:  Owner/Driver  Owner

Name \_\_\_\_\_ Social Security No. or Fed Id \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

9-5 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouses Name \_\_\_\_\_

Evening Phone \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

**#2** Check One:  Driver  Crew Member

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

9-5 Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouses Name \_\_\_\_\_

Evening Phone \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

Return to: Champion Racing Association / P. O Box 502 / Salem, IN 47167