

NORTH STATE RACING ASSOCIATION  
916 South Dora Street, Ukiah, CA 95482 707-462-7242 / 707-462-3171

MEMBERSHIP and INSURANCE BENEFIT PLAN CONTRACT

In order to participate in NSRA sanctioned racing events, all entrants must complete and have on file with NSRA this registration. REGISTRATION FEE \$50

TYPE OF MEMBERSHIP:

( ) Modified ( ) Street Stock ( ) Legends Car CAR # \_\_\_\_\_  
( ) Bandolero ( ) Bomber ( ) Late Model  
\_\_\_\_\_ Driver \_\_\_\_\_ Owner \_\_\_\_\_ Pit Crew \_\_\_\_\_ Passenger Other \_\_\_\_\_

NSRA USE ONLY

Amt Paid \_\_\_\_\_

Proc. Date \_\_\_\_\_

Division \_\_\_\_\_

Car # \_\_\_\_\_

License # \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ HOME TOWN \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ CHILDREN'S NAME/AGES \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ ADDRESS \_\_\_\_\_

YOUR EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ HEALTH INSURANCE COMPANY \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM \_\_\_\_\_ PHYSICAL CONDITION \_\_\_\_\_ HANDICAP OR DISABILITY \_\_\_\_\_  
Please describe

BENEFICIARY STATEMENT: I hereby designate and name as Beneficiary:

NAME \_\_\_\_\_ Address \_\_\_\_\_

AGREEMENT

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

CONSIDERATION AND COMPLIANCE: In consideration of acceptance by NSRA of this application and payment of membership fees, the undersigned agrees to abide by all rules and regulations of NSRA as to conduct and mechanical specifications, as not published or hereafter modified. Undersigned further recognizes his/her obligation to the public and the NSRA Association, which posts the prize monies and conducts the events, and agrees to compete in all events for which he/she may be qualified, if humanly possible, on pit entry date.

BENEFITS: I understand and agree that I and my executors and assigns will be entitled to the benefits of the Competitors Accident Insurance Policy procured by NSRA accidental injuries or death which occur as the result of external, violent and visible means, sustained in NSRA sponsored events. The coverage of said policy shall constitute the limit of liability of NSRA for such injuries occurring to me in any NSRA event, provided proper notification of such occurrence is filed with NSRA.

ADVERTISING RELEASE: The undersigned consents to the use of his/her name and/or pictures of him/her and his/her car, for publicity, advertising and endorsements, before, during and after events, and relinquishes any rights to photos taken in connection with events, and consents to the publication or sale of such photos by NSRA.

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 NSRA, and the undersigned agrees to accept the decisions rendered by such process.

\*\* BY MY SIGNATURE BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.  
I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS AND RULES OF NSRA.

DATED: \_\_\_\_\_ DAY OF \_\_\_\_\_, 200 \_\_\_\_\_ LEGAL SIGNATURE \_\_\_\_\_  
WITNESS \_\_\_\_\_

IF APPLICANT IS UNDER 18 YEARS OF AGE,  
A minor/parent release must be executed and filed with this application