

IMCA License #
Transponder #

In order to participate in the 2025 racing season at the Arlington Raceway, all drivers must complete this form and have it on file with the race track.

IMCA Sport Compact_				
IMCA Sport Modified				
	Auto Cross			
	Cross Truck C			
	Kart Jr. Sports			
Number Year				
Driver's Name				
Address		City		
Address Zip	Bi	irthdate	Age	
Email address				
Email address Home Phone _()		Cell Phor	ne	
Social Security Number				
Years of Racing Experience	Year began			
Are you a Rookie in this divisi	on? Yes No			
Allergies or Medication	ons:			
Other Medical Inforn				
Blood Type	Last Tetanus S	Shot		
Past Surgeries/Injurie				•

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

Consideration and Compliance: In consideration of acceptance by the raceway of this application and payment of entry fees, the undersigned agrees to abide by all rules and regulations of the raceway as to conduct and mechanical specifications, as now and published or hereafter modified. The undersigned further recognizes his/her obligation to the public and the raceway which posts the prize monies and conduct the events, and agrees to compete in all events for which he/she may be qualified, if humanly possible.

Advertising Releases: The undersigned consents to the use of their name, any pictures for publicity, advertising and endorsements both before and after the events, and relinquishes any rights to photos taken in connection with events and consents to the publication or sale of such photos as the Arlington Raceway desires.

Breach and Damage: In the event the undersigned breaches this agreement, he/she shall be liable for actual and liquidated damages sustained by the raceway as a direct or indirect result of such breach.

Benefits: I understand and agree that I and my executors and assigns will be entitled to benefits of the competitor accident insurance policy procured by the raceway for accidental injuries or death which occur as the result of external and visible means, sustained in raceway events. The coverage of said policy should constitute the limit of liability of the raceway for such injuries occurring to me in any raceway event provided proper notification of such occurrence if filed with the speedway.

Ownership: As owner of the registered racing car I hereby certify that I have a good and marketable title to said vehicle free from liens and encumbrances, and will deliver good and marketable title to said vehicle or any part thereof, in the event same is claim or sold pursuant to the rules of the speedway.

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

Fuel Co-op: By signing this form, I agree that I am a member of the Arlington Raceway Fuel Co-op program. By my signature below, I certify that I have read and fully understand this agreement; I agree to abide by all the terms of this agreement and requirements of the rules of the Arlington Raceway.

Date:	Signature	