



## 2020 DRIVER REGISTRATION

Driver : \$75.00

Car Number # \_\_\_\_\_ eMail \_\_\_\_\_  
Driver: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Years Racing: \_\_\_\_\_ Chassis: \_\_\_\_\_ Engine: \_\_\_\_\_  
Sponsors: \_\_\_\_\_

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Driver T-Shirt Size: \_\_\_\_\_

If the person listed above is not to receive the 1099, the owner information  
Tax Authorization

I certify that the person listed above has supplied a valid Social Security/Taxpayer Identification Number for the purpose of issuance of form 1099. If the person listed above is not to receive the 1099, the owner information below must be complete with a valid SSN/Federal ID #.

Owner: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check out to: Colorado Outlaws 270 Micro Sprint LLC

1519 W Mulberry Street  
Fort Collins, CO. 80521

# Colorado Outlaws 270 Micro Sprint LLC Race Liability Release

(A) This Is A RACE LIABILITY RELEASE For Applicant Named On This Form

(B) PLEASE READ THE FOLLOWING AND COMPLETE ALL NUMBERS.

(C) Complete 1 through 3 when applicant is OVER 18 years of age.

(D) Complete 1 through 7 when applicant is UNDER 18 years of age.

In consideration of being granted an opportunity to race at any or all races sponsored by COLORADO OUTLAWS 270 MICRO SPRINT LLC, I intend to be legally bound hereby:

I, for myself, my heirs, personal representatives and assigns, HEREBY RELEASE , DISCHARGE AND AGREE TO HOLD HARMLESS AND INDEMNIFY COLORADO OUTLAWS 270 MICRO SPRINT LLC, the promoters, property owners, the participants in scheduled events, the owners, sponsors and manufacturers of all racing equipment upon the premises, and the officers, directors, officials representatives, agents and employees of all of them, OF AND FROM ALL LIABILITY, LOSS, CLAIMS, DEMANDS AND POSSIBLE CAUSES OF ACTION that may otherwise accrue FROM ANY LOSS, DAMAGE OR INJURY (INCLUDING DEATH) TO MY PERSON OR MY PROPERTY, in any way resulting from, or arising from, or arising in connection with, or related to, any scheduled event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever including without limitation the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons. I KNOW THE RISK AND DANGER TO MYSELF AND PROPERTY while upon said premises or while participating or assisting in a scheduled event and I DO SO VOLUNTARILY AND IN RELIANCE, not upon property, equipment, facilities and existing conditions furnished by others, but UPON MY OWN JUDGMENT AND ABILITY, AND I HEREBY VOLUNTARILY AND KNOWINGLY ASSUME ALL RISK FOR LOSS, DAMAGE OR INJURY (INCLUDING DEATH) TO MYSELF AND MY PROPERTY from any cause whatsoever and whether or not attributable in whole or in part to the negligence of others.

I hereby certify that I assume all responsibility for all charges, premiums, and taxes, if any, payable on any funds that I may receive as a result of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, compensation insurance, income taxes and withholding taxes.

I hereby make oath and say to the best of my knowledge and belief all statements set forth in this report are true and correct and I have read the above Liability Release.

**\*\*\* MUST BE WITNESSED BELOW!! \*\*\***

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(1) APPLICANT'S SIGNATURE      (2) DATE OF BIRTH      (3) WITNESS SIGNATURE

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