

HUNTERSTOWN KART CLUB 2010 SEASON

Become a member: **Yes** (\$10.00/also reserves kart number) **No**
Date joined: _____ **Reserve Kart #** _____
Date paid: _____ **Paid via cash or check #** _____

MAILING INFORMATION – Make sure ALL info is filled out please

Class: _____ **Kart #:** _____
Kart Drivers Name: _____
Parent or Guardian if driver is under 18: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____ Email: _____
Kart Drivers Birth Date: _____
Employer of driver or parent/guardian: _____
Insurance Company: _____
Medical History (allergies): _____
Kart Driver Signature: _____
Parent or Guardian Signature if driver is under 18: _____

LIABILITY RELEASE

This liability release is effective for the entire **2010** racing season of **The Hunterstown Kart Club.**
Whereas, I _____, am about to take part in activities sponsored by
(DRIVER'S NAME/PARENT/GUARDIAN)
The Hunterstown Kart Club.

And whereas, I am doing so entirely upon my own initiative, risk and responsibility; now, therefore, in consideration of the permission extended to me by **The Hunterstown Kart Club** to take part in said activities, I, on behalf of myself and my heirs, executors or administrators and assigns, hereby fully release and discharge **The Hunterstown Kart Club.** Their officers and agents from all claims, demands, actions or causes of action, on account of my death or on account of any injury to me which may occur from any cause during the time I am participating in activities sponsored by **The Hunterstown Kart Club.**

DATE: _____ **SIGNATURE:** _____