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2019 DRIVER REGISTRATION

*Please complete **ALL** information -- PRINT CLEARLY -- FORM MUST BE COMPLETED PRIOR TO RACING*

Class(es): _____

Kart #(s): _____

Drivers Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Parent/Guardian if driver is under 18: _____

Emergency Contact: _____ Race Day Phone #: _____

Driver's Birth Date: _____ *If driver is under age 18, birth certificate is required* (____ Reviewed)

Email: _____

Health Insurance Company: _____

Medical History (allergies): _____

(Social Security Number and W-9 may be required in order to receive race awards.)

LIABILITY RELEASE

This liability release is effective for the entire **2019** racing season of **The Hunterstown Kart Club, Inc.**

Whereas, I (driver) _____, am about to take part in activities sponsored by **The Hunterstown Kart Club, Inc.** 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, Inc.** 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, Inc.**, 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, Inc.**

DATE: _____ DRIVER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE if driver is under 18: _____