## **Hancock County Speedway 2024 TRACK LICENSE & REGISTRATION**

Please Make Checks Payable to: **HCS SPEEDWAY**606 W. 9th ST
Albert Lea, MN 56007
Reserved Parking: \$50

## PILEASE FILL OUT THE BELOW INFORMATION:

		DELOW INFORMATION:	
Driver		Class	Car#
Address	City	State	Zip
Transponder:	City Email Address:	Cel	1 #:
Socia	l Security or Tax ID Number:		
	Date of Birth	Jacket Size:	
1099 to drive	er? If not –Payee na	ame	
	Payee Social Security or Tax ID	#	
Pavee Address	Cit	v State	 Zip
,	Payee Social Security or Tax ID Cit  MUST BE FILLED OUT OR DI	RIVER WILL RECEIVE 10	99
Sponsors			
A CDEEMENT	CONTRACTOR		. 11 '11'. 6
	CONTRACT: I hereby certify that I am		
	result of my activities at the Speedway, inc am not an employee, servant or agent of th		
	am not an employee, servant or agent of the eptance by the Speedway of this application		
	the rules and regulation of the Speedway		
	d. The undersigned further recognizes his		
	conducts the events and agrees to compete it		
	the due to slander, libel, defamation, etc. BR		
	hall be liable for actual and liquidated dam		
	ENEFITS: I understand and agree that I/m		
	etitor Accident Insurance Policy procured		
	external, violent and visible means sustaine		
constitute the limit	of liability of the Speedway for such injuri	es occurring to me at any Speedwa	y event, provided proper
	occurrence is filed with the Speedway. AI		
	d/or pictures of himself and his car for pub		
	hed any rights to photos taken in connection		
	eedway. This includes any video or delayed		
	aim involving the undersigned, whether or		
	isting and/or amended rules and regulation		
	by such process. BY MY SIGNATUR		
AND FULLY I	UNDERSTAND THIS AGREEME		
	THIS AGREEMENT AND THE	RULES OF THE SPEEDWA	AY.
SIGNATURE		DAT	ΓF

PARENT/GUARDIAN OF MINOR\_\_\_\_\_