



VCTS 2017 Registration

THIS FORM MUST BE FILLED OUT BEFORE ALLOWED TO RACE

Approved
Car #

\$25 – Single Race _____ \$50 – Single ISO Race _____

\$100 – VCTS & ISO 2017 SEASON _____

You MUST pay the \$100 in one payment to get season registration price if not, it is a per race basis

Car #: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

WHO RECEIVES EARNINGS and 1099 FORM? (Please check) _____ Driver _____ Owner

DRIVER'S NAME: _____ **SSN/Fed I.D. #:** _____

ADDRESS: _____ **PHONE:** _____

City/State/Zip: _____ **Date of Birth:** _____

EMERGENCY NAME & CONTACT #: _____

DRIVER'S SIGNATURE: _____ **DATE:** _____

All Information is the SAME as ABOVE (Initial if the same, if not complete below)

OWNER'S NAME: _____ **SSN/Fed I.D. #:** _____

ADDRESS: _____ **Phone:** _____

City/State/Zip: _____ **Date of Birth:** _____

OWNER'S SIGNATURE: _____ **DATE:** _____

*if driver is under 18 years of age, driver MUST have a minor participant form on file which must be signed by both parents and/or a legal guardian. Minor Participant Form MUST be on file BEFORE any minor can drive with Vores Compact Touring Series.

I agree to purchase a pit pass and competitor insurance before entering the pit area or engaging on competition and in consideration of the foregoing. I do hereby release, remise, and forever discharge VCTS, and all officers, directors, agents, employees, the owners and leases of premises of which events are conducted, the owners, sponsors, and manufacturers of all racing equipment upon the premises, from all liability claims. Actions and possible cause of action whatsoever that may occur to me or my heirs, next of kin, and personal representatives from every and any loss, damage, and injury (including death) that may be sustained by my person and/or property while in route into and out of premises of a sanctioned racing event or any premises where VCTS events are presented.

I have read and fully understand this waiver and release of liability and indemnity agreement, and I know and understand my signature on this application form operates as a complete release of VCTS, together with its officers. Directors, officials, representatives, agents, sponsors, and employees from any and all liability, including negligence, and I freely and willingly consent to this waiver and release of liability and indemnity agreement.

By signing this registration form below, you are acknowledging you have read and fully understand VCTS rules and you are 100% legal and understand the penalties if you are not.

Signature: _____ **Date:** _____

THIS AREA FOR VCTS USE ONLY

Date Paid: ____/____/____ Paid by: CASH: _____ CHECK/Check #: _____ CC/Debit: _____