

2021 Membership Application

Driver Name: Address:		CAR #:
City/State/Zip: Home Phone: Work/Cell: Email Address: Emergency Contact: Emergency Phone:		Membership Fee: \$100 Payable to: Wingless Sprint Series 16640 SW Baywood Ct. Sherwood, OR 97140
		(Due by 1 st Race)
(To be eligible for the 2021	Rookie of the Year? Yes No Rookie of the year, you must run a minimum of 4 races. you are not eligible for Rookie of the Year). CERTIFICATION	If you have competed in 4 or more past
I hereby agree that I will abide following:	e by all the rules and regulations set forth by the race tracks and the Win	gless Sprint Series including, but not limited to the
to abide by all such 2. I agree and underst regulations for part with all said rules a 3. I agree that all deci Sprint Series officia legal action, which fees and cost in det 4. I further understan general or car spec	familiarized myself with all the Wingless Sprint Series rules and regulation rules and regulations. tand that, by submitting my race car for technical and safety inspections ticipation in Wingless Sprint Series events, and I understand the burden and regulations, and I understand that violation of said rules can result in isions of track officials will be final. I further agree that I will not initiate als, nor will I seek monetary damages, injunctive relief or any other kind of violates this provision, then I expressly agree to reimburse the speedwarfending against such legal action. In that there is no express or implied warranty of safety resulting from profifications and safety rules and that they are intended as a guide for the coarticipants, spectators or others.	, I certify that my race car meets all the rules and of proof will rest upon me to show that I am in compliance fine, suspension and loss of all series points. any type of legal action against race track and/or Wingless of legal remedy. I understand that if I pursue any such y and/or the Wingless Sprint Series for all of its attorney ublications or compliance with the Wingless Sprint Series
	AD AND WILL FOLLOW ALL TRACK AD REGULATIONS (INI	
Signature:		Date:
Received By:	Date	

*Please fill out medical information sheet and attach with your membership application. In the case of an

accident where transport is necessary, we will give a copy to the ambulance.