



2019 New Driver Registration

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY ONE TIME EACH SEASON

Minors are required to provide copy of birth certificate or other legal proof of age

Driver's Name: _____ Car Number(s): _____

<input type="checkbox"/> Pro Open (Pro 4/Pro 2) \$175	<input type="checkbox"/> Pro Lite \$175	<input type="checkbox"/> Open V8 \$175
<input type="checkbox"/> Full Stock \$175	<input type="checkbox"/> Mini Open Truck \$175	<input type="checkbox"/> Mini Stock Truck \$175
<input type="checkbox"/> Pro Buggy \$175	<input type="checkbox"/> Desert Buggy \$175	<input type="checkbox"/> 1600 Desert Buggy \$175
<input type="checkbox"/> Limited Buggy \$175	<input type="checkbox"/> Sr1 PRO UTV \$150	<input type="checkbox"/> Sr1 PRO AM UTV \$150
<input type="checkbox"/> Unlimited UTV \$150	<input type="checkbox"/> Prod. 1000 UTV \$150	<input type="checkbox"/> Prod. Turbo UTV \$150
<input type="checkbox"/> RZR 570 UTV \$150	<input type="checkbox"/> RZR 170 UTV \$125	<input type="checkbox"/> Junior 1 Kart \$125
<input type="checkbox"/> Junior 2 Kart \$125	<input type="checkbox"/> Modified Kart \$125	<input type="checkbox"/> Special event: _____

Street Address: _____ City/State/Zip _____

Phone: _____ Age: _____ DOB: _____

Email: _____

Transponder Number: _____

Annual License Fee---\$50 (one time)

Practice ---\$50

Race Entry Fee---_____ (multiply x 2 for 2 day events)

Rider fee---\$40 (Open V8, Full Stock, Mini Open, Mini Stock, Desert Buggies only) (multiply x 2 for 2 day events)

Transponder Rental Fee---\$40 (major credit card required as deposit)

FOR OFFICE USE ONLY			
Date Received: _____	Received by: _____		
License Fee: <u>\$50</u>	Saturday	Sunday	Both Days
Entry Fee: _____	Practice: _____		
Rider Fee: _____	Misc: _____		
Tx Rental: _____	Total Paid: _____		

Make checks payable to I-10 Race Promotions
Thank you for supporting Lucas Oil Regional Off Road Series!

2019 Emergency Contact & Medical Information

Driver's Name: _____

Date of Birth: _____ Gender (circle one): Male / Female

Mobile Phone: _____

Home Address: _____

Email Address: _____

Primary Emergency Contact: _____

Primary Contact Phone Number: _____

Secondary Emergency Contact: _____

Secondary Contact Phone Number: _____

Medical Insurance Company & Policy Number: _____

Physician's Name & Phone Number: _____

Do you have any allergies or special health considerations we should be aware of?

ALL DRIVERS:

By entering my name below, I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. I UNDERSTAND THAT BY SIGNING BELOW I AM SIGNING FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Driver Name (Printed): _____

Driver Signature: _____

FOR PARENTS OF MINOR DRIVERS ONLY:

I hereby certify that I am the parent and/or guardian of the driver, a minor under the age of eighteen years, and in consideration of value received, the receipt of which is hereby acknowledged, I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency. I understand that by signing I am authorizing all of the above and sign it voluntarily and without inducement.

Driver Name (Printed): _____

Parent/Legal Guardian Name (Printed): _____

Parent/Legal Guardian Signature: _____

2019 Release of Medical Information

Please read the following medical release carefully. By signing below, you acknowledge that you have both read and understood all text presented to you in this form:

To any doctor, nurse, EMT, paramedic, ambulance company, air ambulance company, fire department, EMS agency, chiropractor, hospital, clinic, health insurer, physical therapist, government agency, insurer, employer or any other person, entity, firm, or organization having custody of medical records or medical information pertaining to me, the undersigned person.

I, the undersigned person, give my consent and authorize you to give, disclose and release, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medial or mental health condition, to include all information relating to the diagnosis and treatment of mental illness, and drug or alcohol abuse separately to the Lucas Oil Off Road Racing Medical Director and/or his/her designee(s). I also consent and authorize you to discuss any medial information with the Lucas Oil Off Road Racing Medical Director.

I, the undersigned person, understand that this information may be used to determine my eligibility to race and for follow-up following any significant on-track or other incidents. I also understand that this information may be used by Lucas Oil Off Road Racing to give status updates to the media when deemed appropriate.

You should interpret the terms "medical information" and "medical records" broadly to include records, reports, test reports or results, x-rays, lab test results, MRI and CT scans, EKGs, photos, etc.

This release, and all authority to disclose information pertaining to me, shall expire two years from the date of the submission of this form unless earlier revoked by me in writing.

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 132d and 45 CFR 160-164. Specifically this release authority complies with the valid authorization requirements of 45 CFR 164.508 ©.

By signing my name below, I assert that I have reviewed and agree to the release above. I UNDERSTAND THAT BY SIGNING BELOW I AM SIGNING FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Driver Name (Printed): _____

Driver Signature: _____

FOR PARENTS OF MINOR DRIVERS ONLY:

I hereby certify that I am the parent and/or guardian of the driver, a minor under the age of eighteen years, and in consideration of value received, the receipt of which is hereby acknowledged, I have read this Release and understand that by signing it I am authorizing all of the above and sign it voluntarily and without inducement.

Driver Name (Printed): _____

Parent/Legal Guardian Name (Printed): _____ Parent/Legal

Guardian Signature: _____

2019 Media Release

Please read the following media release carefully. By signing below, you acknowledge that you have both read and understood all text presented to you in this form:

For and in consideration of my involvement as a driver in a Lucas Oil Series event, hereafter referred to as Lucas, on terms or fee here in after stated, I hereby give Lucas, their legal representatives and assigns, those for whom Lucas are acting, and those acting with their permission, or their employees, the right and permission to copyright and/or use, reuse and/or broadcast and republish motion picture and videotape recordings of me, in conjunction with my own or a fictitious name, on reproductions thereof in color or black and white made through any media Lucas at their studio or elsewhere, for any purpose whatsoever, including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished motion picture, videotape, sound track, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless Lucas Oil Products, Inc., their representatives, assigns, employees or any person or persons, corporation or corporations, acting under their permission or authority, or any person, persons, corporation or corporations, for whom they might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in any composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution , or broadcast of the same, even should the same subject me to ridicule, scandal, reproach, scorn, or indignity.

I am competent to contract in my own name in so far as the above is concerned.

There is no compensation for my appearance or my engagement as a driver in a Lucas Oil Series event.

ALL DRIVERS:

By entering my name below, I assert that I have reviewed and agree to the release above. I UNDERSTAND THAT BY SIGNING BELOW I AM SIGNING FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO BE AND INTEND MY ELECTRONIC SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Driver Name (Printed): _____ Driver

Signature: _____

FOR PARENTS OF MINOR DRIVERS ONLY:

I hereby certify that I am the parent and/or guardian of the driver, a minor under the age of eighteen years, and in consideration of value received, the receipt of which is hereby acknowledged, I have read this Release and understand that by signing it I am authorizing all of the above and sign it voluntarily and without inducement.

Driver Name (Printed): _____

Parent/Legal Guardian Name (Printed): _____ Parent/Legal

Guardian Signature: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.