2014 MEMBERSHIP APPLICATION

NEW MEMBERSHIP ☐ RENEWAL ☐ HOW DID YOU HEAR ABOUT BKC? _____

BKC MEMBERSHIPS - Individual - Family - ($75 per year) $ _____

COMPETITION DRIVER FEE ($10.00 per driver - number of drivers x $10.00 each) $ _____

TOTAL MEMBERSHIP DUES AND DRIVER FEES DUE BADGER KART CLUB (for 1 year) $ _____

MEMBERSHIP NAME _____

ADDRESS _____ CITY_____ STATE _____ ZIP _____

HOME PHONE (___)_____ BUSINESS PHONE (___)_____E-MAIL_____

FAMILY MEMBERS INCLUDED IN MEMBERSHIP_____

DRIVER'S INFORMATION

DRIVER'S NAME_____ DATE OF BIRTH_____

CLASS_____ REQUESTED NUMBER _____ HAVE YOU RACED KARTS BEFORE (Y/N)

TRANSPONDER #_____

DRIVER'S NAME_____ DATE OF BIRTH_____

CLASS_____ REQUESTED NUMBER _____ HAVE YOU RACED KARTS BEFORE (Y/N)

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CLASS_____ REQUESTED NUMBER _____ HAVE YOU RACED KARTS BEFORE (Y/N)

TRANSPONDER #_____

RELEASE OF LIABILITY

Whereas the undersigned desires to participate in practice and racing of Karts at Badger Raceway, located in Ottawa, Wisconsin; it is certified and agreed as follows:
That I agree to all the rules, regulations and terms prescribed by the World Karting Association, International Kart Federation and Badger Kart Club, and that I am bound thereby.

That I, for myself and my heirs and assigns, release the above mentioned raceway and organizations, their officers, agents and assigns, and that I further release for myself, my heirs and assigns, their officers, servants and agents, and any and all persons with whom I have contracted with reference to use or lease of the grounds on which the above activities are to be held, all from personal injury or from property damage sustained by me.

I further agree to hold harmless Badger Kart club, their officers, agents, and any and all persons with whom I have contracted with reference to sue or lease of the grounds on which the above activity is to be held and indemnify said party or parties for any personal injury, property damage or other loss to my person or property or to any other persons or their property from any cause whatsoever.

That I further agree to observe all laws, state and municipal, or any other public authority, during participation in the above activity and in coming to and leaving said activities and while on any property or public roadway in connection therewith.

SIGNED _____ WITNESSED_____ DATE_____

SIGNED _____ WITNESSED_____ DATE_____

PLEASE SEND FORMS TO:

Chris Horn
N51W15940 Fair Oak Parkway
Menomonee Falls, WI 53051

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

EMT FORM ☐ MINOR RELEASE ☐ AGE VERIFICATION (BIRTH CERT) ☐

DATE RECEIVED _____ INITIALS _____

PAYMEMT: CASH ☐ CHECK ☐ CHECK NUMBER_____