

Membership / License Application
COMMA or HST (circle one please)

Date _____

Name _____ cell phone _____

Address _____ City, ST, Zip _____

Email _____ alternate phone _____ (home,work)

Fee is \$50 annual (or \$25 temporary)

Method of payment: ___ check ___ cash ___ Visa ___ MC

Card No _____ exp. date _____

Medical Information: You must have current information on file, so please let us know if anything has changed since you first applied.

Date of birth _____ Blood type _____ Rh _____

Drug allergies: _____

Routine medications: _____

List any special concerns (diabetes, hemophilia, contact lenses, dentures, etc.)

ICE: In case of emergency notify: name _____

Phone numbers _____

Release and waiver of liability, assumption of risk, and indemnity agreement
(If under the age of 18, parent must sign as well as the minor.)

I fully understand that the activities of COMMA/HST are dangerous and participation in the event involves risks and dangers of bodily injury or property damage. I hereby release and discharge the promoters, participants, racing associations, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, sponsors, advertisers, underwriters, consultants, and instructors from all liability to me, my heirs, and next of kin, for any and all claims, demands, or losses including, but not limited to personal injury or damage to property, caused or alleged to be caused by the negligence of the releasees or otherwise.

Applicant Signature _____

Dated _____