



2015 LICENSE PACKET

Complete all forms (please print clearly), sign and mail along with a check or money order made payable to:

MTQRL
PO Box 385
Greensburg, IN 47240

CHECKLIST

- License & Registration Form
- Waiver of Supplemental Secondary Insurance Plan (if declining coverage)
- Annual Release & Waiver of Liability
- Form W-9
- Announcer Information

If under the age of 18 must also complete:

- Annual Parental Consent

NOTES:

1. If you registered a car and competed with the MTQRL last season, your car number will be reserved until February 28th. After that date all numbers will be on a first come, first served basis.
2. The Supplemental Secondary Insurance coverage is optional this season. If you do not wish to purchase this additional coverage you must sign the waiver declining coverage.
3. When the Annual Release & Waiver of Liability is signed it must be witnessed and include the signature and address of the witness. This witness does not need to be an agent of the MTQRL.
4. A completed and signed Form W-9 is only required for the person claiming winnings for tax purposes.
5. If the person claiming winnings for tax purposes is not the driver, that person must also complete the License & Registration Form and the Annual Release & Waiver of Liability.
6. The Annual Parental Consent form must be completed in its entirety **(including signatures from both parents or legally appointed guardians)** before the minor will be allowed to compete. There will be additional forms required for minors to enter the restricted pit area.



2015 License & Registration

Car Registration Fee \$50

Driver License Fee \$50

Supplemental Insurance \$50 (optional)

(Will not take effect until three business days after payment is received by the MTQRL)

PLEASE PRINT CLEARLY

Please Check All That Apply: Car Registration, \$50
 Driver License, \$50
 Supplemental Insurance, \$50 Amount Enclosed \$ _____

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E Mail _____

Date of Birth _____

Car Number: First Choice _____ Second Choice _____ Third Choice _____

Emergency Contact Information:

Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Person Claiming Winnings for Tax Purposes (if different from above):

Name _____ SSN or EIN _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

Please make check payable to MTQRL & mail to:

PO Box 385, Greensburg, IN 47240

OFFICE USE ONLY
Date Received: _____
Check Number: _____
Amount Received: _____



WAIVER OF SUPPLEMENTAL SECONDARY INSURANCE PLAN

I have been given the opportunity to apply for enrollment in the Supplemental Secondary Insurance Plan provided through the Midwest TQ Racing League, Inc. The benefits have been explained to me and I fully understand them.

I have decided to decline this offer.

I understand that the acceptance of this waiver is based on the statements and answers given in this waiver. I personally completed this waiver and represent that the answers and statements on the waiver are true, complete, and correctly recorded to the best of my knowledge.

I have not been induced or pressured in any manner by the Midwest TQ Racing League, Inc. or any of its representatives into declining any available coverage. I have elected on my own accord to waive this coverage.

Print Name: _____

Signature: _____

Date: _____

**2015 ANNUAL RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

MIDWEST TQ RACING LEAGUE, INC.

In consideration of being permitted to compete, officiate, observe, work, or participate in any way in the Event or being permitted to enter for any purpose any Restricted Areas (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited) at League Events, each of the Undersigned, for himself or herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that the Undersigned has or will immediately upon entering any of such Restricted Areas, and will continuously thereafter, inspect the Restricted Areas upon entering and further agrees and warrants that, if at any time, the Undersigned is in or about Restricted Areas and feels anything to be unsafe, the Undersigned will immediately advise the officials of such and if necessary will leave the Restricted Areas and/or refuse to participate further in the Event.
2. Hereby Releases, Waives, Discharges and Covenants Not to Sue Midwest TQ Racing League, Inc., the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, stewards, competition vehicle owners, drivers, pit crews, rescue and medical personnel, any persons in any Restricted Area, sponsors, advertisers, manufacturers, inspectors, insurers, engineers, architects, owners and lessees of premises used to conduct the Event, premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event and each of them their directors, officers, volunteers, agents and employees, all for the purposes herein referred to as "Releasees," from all liability to the Undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned arising out of or related to or arising from the Event, **whether caused by the strict liability or negligence in any form of the Releasees or otherwise.**
3. Hereby agrees to Indemnify and Save and Hold Harmless the Releasees and each of them from any loss, liability, damage, costs, and attorney fees they may incur arising out of or related to the Undersigned's injury, property damage or death, **whether caused by the strict liability or negligence in any form of the Releasees or otherwise;** the Event, the Undersigned's participation or presence at the Event or in the Restricted Areas; the transfer of any credentials or other authorizations; or the failure to abide by this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement.
4. Hereby understands that his/her presence on the premises or at the Event can expose them to dangers, both from known and unanticipated risks. The Undersigned willingly and voluntarily assumes these risks, including the risk of negligent conduct, and recognizes that negligent conduct can cause property damage and personal injury, including serious injury or death.
5. Hereby acknowledges that the activities of the Event are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the Undersigned, also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
6. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnify Agreement extends to all acts of negligence by the Releasees, including negligent rescue operations and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the Event is/are conducted and that if any portion thereof if held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Hereby acknowledges that the undersigned has the right to negotiate the terms and conditions of this release agreement but by signing below hereby waives such right.

I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, understand its terms, understand that I have given up substantial rights by signing it, and have signed it 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.

ALL SECTIONS MUST BE COMPLETED

Print Name: _____

Signature: _____ Read, this is a legal document

Position/Duties: _____

Signature and Title of Witness

Address of Witness

Request for Taxpayer Identification Number and Certification

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

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

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**2015 ANNUAL PARENTAL CONSENT, RELEASE AND WAIVER
OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

MIDWEST TQ RACING LEAGUE, INC.

MINOR DRIVER ONLY

In consideration of my minor child ("the Minor") being permitted to participate in any way in League Events and/or being permitted to enter for any purpose any Restricted Area(s) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited) at League Events, I agree as follows:

1. I know the nature of the Event and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event. I will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. If I or the Minor believe anything is unsafe, I will instruct the Minor to immediately leave the Restricted Area and refuse to participate further in the Event.
2. I fully understand and will instruct the Minor that:
 - (a) the activities of the Event are very dangerous and participation in the Event and/or entry into Restricted Areas involves risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks");
 - (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event, the rules of the Event, the condition and layout of the premises and equipment, and/or the negligence of the Releasees named below;
 - (c) there may be other Risks not known to me or that are not readily foreseeable at this time,
 - (d) the social and economic losses and/or damages that could result from those Risks could be severe and could permanently change the Minor's future.
3. I consent to the Minor's participation in the Event and/or entry into Restricted Areas and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, **even if caused, in whole or in part, by the negligence of the Releasees named below.**
4. I Hereby Release, Waive, Discharge and Covenant Not to Sue Midwest TQ Racing League, Inc., the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, stewards, competition vehicle owners, drivers, pit crews, rescue and medical personnel, any persons in any Restricted Area, sponsors, advertisers, manufacturers, inspectors, insurers, engineers, architects, owners and lessees of premises used to conduct the Event, premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event and each of them and their directors, officers, volunteers, agents and employees, all for the purposes herein referred to as "Releasees," from all liability to the Undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned arising out of or related to or arising from the Event, **whether caused by the strict liability or negligence in any form of the Releasees or otherwise.**
5. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the Releasees named above, I agree to Defend, Indemnify and Save and Hold Harmless the Releasees and each of them from any litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to the claim made against any of the Releasees named above, **whether the claim is based on the strict liability or negligence in any form of the Releasees or otherwise.**
6. I sign this agreement on my own behalf and on behalf of the Minor.

I have read this Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that by signing it I give up substantial rights I and/or the Minor would otherwise have to recover damages for losses occasioned by the Releasees' fault, and sign it voluntarily and without inducement.

I have read this Release:

_____ Signature of Parent or Legally Appointed Guardian	_____ Printed Name of Parent or Legally Appointed Guardian	_____ Date
_____ Signature of Parent or Legally Appointed Guardian	_____ Printed Name of Parent or Legally Appointed Guardian	_____ Date
_____ Printed Name of Minor	_____ Minor Date of Birth	

I/2326117.1

**** **Both Parents or Legally Appointed Guardians Must Sign This Release** ****



2015 ANNOUNCER INFORMATION

PLEASE PRINT CLEARLY

CAR NUMBER

DRIVER

COLOR

HOMETOWN

CHASSIS

DRIVER AGE

DRIVER OCCUPATION

ENGINE

OWNER

HOMETOWN

SPONSORS:

CREW:

ADDITIONAL INFORMATION / ACHIEVEMENTS:

