



NWSKA

10824 SE Oak St. #115
Milwaukie Oregon 97222
Phone: 877-832-8301



2007 Membership Form

First Name: _____ Last Name: _____
(Please Print)

Address: _____ Apt/ Unit # _____
 City: _____ State: _____ Zip Code: _____

Home Phone: _____ Contact Name: _____
 Work Phone: _____ Contact Name: _____
 Cell Phone: _____ Email Address: _____

List all other drivers in your immediate family residing at the same address that wish to be NWSKA members. A signed NWSKA *Release of Liability and Waiver* form must be attached to this form in order to complete processing of membership.

Driver Name	DOB	Kart #	Race Class

Northwest Speedway Kart Association Membership Fees		
Racing Season Kart Membership – First Driver	\$75.00	
Racing Season Kart Membership – Each additional Driver	\$50.00 per driver	
Non-Racer Membership	\$25.00 per member	
Family Membership (family members must reside in the same household, assumes 4 members)	\$200.00	
	Total	

Please make check or money order payable to Northwest Speedway Kart Association. Please send this completed form, signed waiver and fees to: NWSKA 10824 SE Oak St. #115, Milwaukie Oregon 97222
(A \$35.00 fee will be applied to any returned checks.) www.nwska.net



Date: _____

This form must be read and signed before the participant is permitted to become a member of Northwest Speedway Kart Association. By signing this agreement, the participant affirms having read it.

Release of Liability and Waiver Agreement

In consideration of my participation in the Northwest Speedway Kart Association, I acknowledge, appreciate and agree that:

I, we, the parent(s) or guardian(s) hereby expressly assume all risks, which could occur, by reason of my/our participation. I hereby release, waive, discharge and covenant not to sue Northwest Speedway Kart Association, their officers and employees, current and former, all in their official and individual capacities, (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and damage, or injury, including death, that may be sustained by me, while participating in said program and all related activities. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage or cost, including costs and attorney's fees, that may be incurred due to my participation in said program and all related activities, whether caused by negligence of RELEASEES or otherwise. It is my express intent that this Agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named RELEASEES.

I hereby acknowledge and agree that I have no right to property, interest, equity or any assets owned, fully or in part by RELEASEES and are therefore not entitled to sue the RELEASEES for any financial or capital stake.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this program and related activities, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks due to my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Participant's Signature: _____

Participant's Name (Printed): _____

E-Mail: _____@_____

Home Phone: _____ Work Phone: _____

For Participants Under 18

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Name (Printed): _____