

2017
SPENCER SPEEDWAY
ACKNOWLEDGMENT OF RELEASE OF LIABILITY

I hereby acknowledge that, if I am involved in any racing incident and refuse EMS evaluation and / or treatment at Spencer Speedway, I release Spencer Speedway and NASCAR of any and all liability for any injuries sustained as a result of the racing incident.

In the event that I receive medical treatment due to any racing incident occurring at Spencer Speedway after leaving Spencer Speedway, I will report it to the management of Spencer Speedway within 24 hours of the occurrence of the racing incident. If I fail to report the incident within 24 hours of the occurrence, I hereby release Spencer Speedway and NASCAR of any and all liability for any injuries sustained as a result of the racing incident. Failure to report an incident within 24 hours of its occurrence may also result in a points penalty.

In the event that I refuse EMS attention at Spencer Speedway OR seek outside medical attention after leaving Spencer Speedway and fail to report the incident within 24 hours of its occurrence, I acknowledge that I will be responsible for any and all medical bills which I may incur.

I also acknowledge that if I receive outside medical treatment for injuries resulting from a racing incident, I will not be allowed to race again until cleared by a doctor. Spencer Speedway will not receive any incident report more than 24 hours after the incident occurred.

Thank you,
Spencer Speedway Management

Driver name printed: _____

Driver signature: _____

Owner (if different) signed: _____

Date: _____

Car # _____ Class: _____

SPENCER SPEEDWAY
2017 DRIVERS EMERGENCY FORM
(This form must be neat and legible, please print)

Drivers Name: _____ Home Phone # _____

Address: _____

City/ Town: _____ State: _____ Zip: _____

Primary Care Physician: _____ Phone # _____

Please list any special medical conditions you are currently being treated for:

Current Medications: _____

Allergies: _____

Do you wear contact lenses? Y or N Hearing Aids? Y or N

Other prosthetic device? _____

EMERGENCY CONTACT INFORMATION: Please list in order those individuals you would like contacted in the event of an incident at Spencer Speedway.

1. Name: _____ Phone # _____

Relationship to you: _____

2. Name: _____ Phone # _____

Relationship to you: _____

Which local hospital do you request transport to in the event of an emergency?

Have you ever been treated or seen at this facility before? Y or N

For insurance and billing purposes, what is your date of birth? _____

Medical Insurance carrier: _____ Last 4 of SS# _____

SPENCER SPEEDWAY
2017 DRIVER EMERGENCY FORM
(Medical Release form)

I, _____, give the medical personnel at Spencer Speedway permission to administer any medical treatment or medications they deem necessary in the event I'm involved in a racing incident at Spencer Speedway.

I also give them permission to transfer me, by ambulance, to a medical facility for treatment in the event I am involved in a racing incident at Spencer Speedway.

Signature: _____

Date: _____

**** ANYONE 16 YEARS OLD AND UNDER MUST HAVE A PARENT OR
LEGAL GUARDIAN SIGN THIS FORM ****

Parent/ Guardian: (print) _____

Parent/ Guardian (sign): _____

Date: _____

*** this form must be updated annually***