Welcome to the Loudon Road Race Series 2020 season! Attached are important forms that need to be completed:

1.) 2020 LRRS Competition License Application – REQUIRED. MUST BE COMPLETED IN FULL signed in INK and MAILED to the address on the form. Rider numbers MUST be applied correctly. Look carefully on the form, you must list your 2019 competition number and WRITE OUT your 3 choices in the boxes for the number you want to apply for the 2020 season. NO assumptions will be made. If you do not correctly complete the form, this will delay the process and you run the risk of not receiving/retaining your number. The responsibility is the Rider’s, not LRRS to correct forms.

DO NOT assume that the number you are seeking is the number you will receive. Email confirmations of number assignments will be sent once the application deadline has passed. If you do not receive confirmation, do not assume your application was received.

Number assignments will follow the guidelines as set forth in the LRRS Rulebook.

MAKE CHECKS PAYABLE TO “NHMS”

2.) Rider Medical & Emergency Contact Form – REQUIRED. Must be legible and completed in full. No Rider will be allowed to practice or race without this form being received and held on file for the 2020 season.

3.) Bike Profile Form – REQUIRED. Must be legible and completed in full. No Rider will be allowed to practice or race without this form being received and held on file for the 2020 season.

4.) W-9 Form – REQUIRED. Must be legible and completed in full. Used for all payouts, including end of season payouts. If you receive any money over the racing season and do not have a form on file, a check will not be sent to you. No Rider will be allowed to practice or race without this form being received and held on file.

5.) Parental Consent/Minor Waiver – REQUIRED FOR EACH AND EVERY CHILD UNDER THE AGE OF 18 REGARDLESS IF A COMPETITOR OR SPECTATOR. FORM MUST BE COMPLETED EACH AND EVERY CALENDAR YEAR. If you are a parent/guardian of a child under the age of 18, a properly executed form must be submitted and held on file for the 2020 racing season. If a form is not on file, the child will not be allowed on property and a Stop will be placed on your account, preventing the Rider from race or practice.

Both parents/guardians MUST sign the form. If not signing in the presence of an NHMS employee (off site) the form MUST be executed by a Notary Public. This is a TWO PAGE document and must be properly signed on both pages. SIGNATURE OF WITNESS/WITNESS/PRINTED NAME OF WITNESS IS THE OFFICIAL NOTARY PUBLIC SIGNATURE AREA.

6.) Announcer Form – Must be legible. Used during the current racing season. Help us to add commentary to the racing day by filling out this form.

7.) Sponsor Listing – Must be legible. Used for contingency programs and submitted to CCS.

8.) Garage Rental Form – Must be legible. Reservation deadline: 03/02/2020.

DO NOT DOUBLE SIDE PRINT ANY OF THESE PAGES!

Questions?

(603) 513-5734 or azube@nhms.com
2020 LRRS RACE DATES

Round 1: May 2-3, 2020

Round 2: May 16-17, 2020

Round 3: June 19-21, 2020 (97th Annual Loudon Classic)

Round 4: July 4-5, 2020 (NJMP)

Round 5: August 1-2, 2020

Round 6: August 29-30, 2020

Round 7: September 19-20, 2020

Round 8: October 3-4, 2020
2020 LRRS COMPETITION LICENSE APPLICATION

Please print clearly and legibly:

ASRA/CCS Member # (If applicable) Birth Date: Age:
Name:
Address:
City: State: Zip:
Phone #: Daytime Phone #:
Westhold Transponder #: Additional Transponder #:

Personal Medical Insurance? Yes ( ) No ( ) Company Name: Policy Number:
E-Mail: Emergency Contact: Emergency Phone #

LRRS/CCS: I wish to be licensed as: Novice , Amateur or Expert 2019 LRRS/CCS #
Choices for your LRRS/CCS Competition Number:

- I am an experienced racer licensed by: Years of experience:
- I am applying for a license based upon training at a road racing school completed within the previous 12 month period as described here: Name of School: Date & Track:

ASRA Series: I wish to be licensed for ASRA competition: (Check box to apply. Applicant must be 14 years old and an AMA Member.)

AMA Member Number: EXP DATE:
Choices for your ASRA Competition Number:

READ THIS RELEASE

RELEASE AND ASSUMPTION OF RISK: I hereby release, and agree to hold harmless the Championship Cup Series, ASRA Championship Series, American Sportbike Racing Association L.L.C., HD Promotions, Loudon Road Race Series, New Hampshire Motor Speedway Inc., Daytona International Speedway LLC, United States Grand Prix Riders Union, Mid-Atlantic Road Race Club, Midwest Cafe Racing Association, Learning Curves Road Race School, Penguin Racing School, Longevity Racing School, Team Hammer Inc., the promoters, the owners and lessees of the premises, the participants, and the officers, directors, officials, representatives, agents and employees of all of them, of and from all liability, loss, claims and demands that may accrue from any loss, damage or injury (including death, loss of limbs and permanent disablement) to my person or property, in any way resulting from, or arising in connection with this event, and whether arising while engaged in competition or in practice or preparation therefore, or while upon, entering or departing from said premises, from any cause whatsoever, I know the risk and danger to myself and property while upon said premises or while participating or assisting in this event, so voluntarily and in reliance, upon my own judgment and ability, I thereby assume all risk for loss, damage or injury (including death, loss of limbs and permanent disablement) to myself and my property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release and further agree to abide by the current Championship Cup Series and ASRA Road Race Rules and Regulations and any Special Regulations in all participation with this license. I hereby agree to allow my likeness to be used for promotional purposes by the Championship Cup Series, the ASRA Championship Series and their affiliates without any further compensation to myself. I hereby agree to surrender a complete unedited copy of any and all video to ASRA/CCS immediately upon request. I certify that the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a competition license:

APPLICANT SIGNATURE: Date:

☐ Please add $30 to my license fee for a 24-month subscription to Roadracing World magazine

DO NOT FAX THIS APPLICATION - MAIL TO: Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307

Received: Amount: $ Cash Check Credit Clerk Initials:

ASRA # Assigned LRRS/CCS # Assigned Region NE

CREDIT CARD INFO: MASTERCARD VISA DISCOVER EXP DATE:

CARD NUMBER: CVN#
CARD ISSUED TO:
2020 LRRS/CCS COMPETITION LICENSE APPLICATION

INSTRUCTIONS

2020 LRRS/CCS COMPETITION LICENSE APPLICATION
(To retain your 2019 Competition Number, you must return this form to the appropriate office by January 7, 2020.)

Incomplete, illegible, or incorrect applications will be returned.

Please fill out the other side exactly as called for in the following instructions:

1. Please print the information in the blank spaces provided. It is important that you print clearly and precisely as most of the errors are not “typo” problems, but the results of our inability to read the forms. Do not abbreviate city names.

2. Make sure we have complete personal information including name, address, social security number, day and night time phone numbers, e-mail address, birth date, and age. (Applicants under the age of 18 must have a signed notarized release form from their parent or legal guardian on file with LRRS/CCS before a competition license will be issued.) Applicant must be a minimum of 14 years old to apply for an ASRA Series license. Applicant must be a minimum of 12 years old to apply for a Championship Cup Series license and those who are between the ages of 12 and 16 may have their license restricted to use in certain classes.

3. The insurance information is required.

4. Give us the correct information for the type of License for which you are applying. Please check Novice, Amateur or Expert, and then fill out the LRRS/CCS required information. If you are applying for an ASRA License, please check the appropriate box. (ASRA License requires an AMA Membership for 2020.)

• If your Expert experience is not with LRRS/CCS or one of its affiliates, please include proof of experience. (Photocopy of your previous Expert license, up to 3 years old, or a confirmation letter from the sanctioning body who issued the license including the date of issue.)

5. Please give us three choices for your competition number. We will assign you the first number available in the computer.

6. LRRS/CCS 2020 License fees are: $135.00 if purchased prior to 7/1/20, $95.00 if purchased between 7/1/20 through 8/31/20, & $65.00 if purchased between 9/1/20 through 12/31/20.

7. Read the Release and Assumption of Risk section and the Agreement, and then sign on the signature line.

8. Please include a copy of your license or a current rider’s school certificate if you have not been licensed with LRRS/CCS or ASRA in the past 5 years. We cannot process your application without this proof of experience. School certificates must be less than 12 months old at the time of licensing and licenses submitted must be no older than 5 years.

9. Please check the box if you would like to receive a 2 year subscription to Roadracing World for just $30.

10. Enclose your check or money order made out to NHMS for the correct fee (or fill in credit card info) and mail it to:

    Loudon Road Race Series - PO Box 7888 - Loudon, NH 03307

    Overnight delivery address:

    Loudon Road Race Series – 1122 Route 106 North - Loudon, NH 03307

    PLEASE DO NOT FAX THIS APPLICATION
WE MUST HAVE A SIGNED ORIGINAL TO PROCESS YOUR APPLICATION
Date of Birth: ____________________________________________
Last: ___________________________ First: ___________________________ MI: _______
Mailing Address: ____________________________________________
Home Phone: ___________________________ Cell: ____________________________
Email: _______________________________________________________
Allergies: ____________________________________________________
Medications: _________________________________________________
Medical History: _____________________________________________
(Example: heart disease, high blood pressure, kidney disease, diabetes, etc.)
Date of Last Tetanus Shot: _____________________________________
List Major Surgeries Over Past 5 Years: ___________________________
____________________________________________________________
Do You Wear?  Contact lenses  Glasses  Dentures  Other: _________________________
Organ Donor?  NO  YES  Yes, for specific organs? _____________________________
Medical Insurance?  NO  YES  If yes, Insurance Co: ___________________________
Policy #: _____________________________________________________

Emergency Contact:
Last: ___________________________ First: ___________________________ MI: _______
Phone: _______________________________________________________
Relationship to you: ___________________________ Present during events?  NO  YES
**2020 Bike Profile**

“PLEASE WRITE LEGIBLY”

**Name:** ______________________________________________________________

**Bike #1**

Make (i.e. Yamaha): ______________________________________________________

Model (i.e. R1): _________________________________________________________

Bike’s Nickname (i.e. “B” Bike): _________________________________________

Displacement (i.e. 1,000 cc’s): __________________________________________

Year (i.e. 1997): _________________________________________________________

Transponder Type: Tranx260 (red “brick” style) X2 (silver Car/Bike style)

Transponder Serial Number: ____________________________________________

**Bike #2**

Make: _________________________________________________________________

Model: ________________________________________________________________

Bike’s Nickname: _______________________________________________________

Displacement: __________________________________________________________

Year: _________________________________________________________________

Transponder Type: Tranx260 (red “brick” style) X2 (silver Car/Bike style)

Transponder Serial Number: ____________________________________________

**Do you own MORE than ONE transponder: NO YES**

If no, specify the transponder number under Bike #1. If yes, write the specific transponder number under the bike it is assigned. This will be officially recorded and given to Timing & Scoring. See 15.2.1, below.

15.2.1 Riders are required to supply the correct transponder number. If a transponder is changed, it is the responsibility of the Rider using said transponder to confirm with Registration that it has been properly documented in the online race management system and not assigned to another Rider. This must be done prior to practice or racing to be considered race ready. If you are deemed not to be race ready, a $25 fine will be levied. Fine must be paid in full prior to any practice or racing.

*Please see other side to list additional bikes.*
<table>
<thead>
<tr>
<th>Bike #3</th>
<th>Bike #4</th>
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**Request for Taxpayer Identification Number and Certification**

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 of the person whose name is entered on line 1. Check only one of the following seven boxes.

   - Individual sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) →

   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

   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)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

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

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

**Social security number**

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**Or**

**Employer identification number**

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### 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 for Part II, later.

---

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

**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, later.
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, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners’ share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and dealer exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 1 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?
The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are a tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.
### Specific Instructions

#### Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.  

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3
Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

<table>
<thead>
<tr>
<th>IF the entity/person on line 1 is</th>
<th>THEN check the box for . . .</th>
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<tbody>
<tr>
<td>• Corporation</td>
<td>Corporation</td>
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<tr>
<td>• Individual</td>
<td>Individual/sole proprietor or single-member LLC</td>
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<tr>
<td>• Sole proprietorship, or</td>
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<tr>
<td>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</td>
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<tr>
<td>• LLC treated as a partnership for U.S. federal tax purposes,</td>
<td>Limited liability company and enter the appropriate tax classification.</td>
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<tr>
<td>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</td>
<td>(P= Partnership; C= C corporation; or S= S corporation)</td>
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<tr>
<td>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</td>
<td></td>
</tr>
<tr>
<td>• Partnership</td>
<td>Partnership</td>
</tr>
<tr>
<td>• Trust/estate</td>
<td>Trust/estate</td>
</tr>
</tbody>
</table>

#### Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**
- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2. The United States or any of its agencies or instrumentalities
3. A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities
5. A corporation
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7. A futures commission merchant registered with the Commodity Futures Trading Commission
8. A real estate investment trust
9. An entity registered at all times during the tax year under the Investment Company Act of 1940
10. A common trust fund operated by a bank under section 584(a)
11. A financial institution
12. A middleman known in the investment community as a nominee or custodian
13. A trust exempt from tax under section 664 or described in section 4947
The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000¹</td>
<td>Generally, exempt payees 1 through 5²</td>
</tr>
<tr>
<td>Payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
</tbody>
</table>

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.
² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B—The United States or any of its agencies or instrumentalities
C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—A real estate investment trust
H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I—A common trust fund as defined in section 584(a)
J—A bank as defined in section 581
K—A broker
L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.
1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account other than an account maintained by an FFI)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account¹</td>
</tr>
<tr>
<td>3. Two or more U.S. persons (joint account maintained by an FFI)</td>
<td>Each holder of the account</td>
</tr>
<tr>
<td>4. Custodial account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor²</td>
</tr>
<tr>
<td>5. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee¹</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner¹</td>
</tr>
<tr>
<td>6. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner³</td>
</tr>
<tr>
<td>7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)(A))</td>
<td>The grantor*</td>
</tr>
</tbody>
</table>

For this type of account:

<table>
<thead>
<tr>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Disregarded entity not owned by an individual</td>
</tr>
<tr>
<td>9. A valid trust, estate, or pension trust</td>
</tr>
<tr>
<td>10. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
</tr>
<tr>
<td>11. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
</tr>
<tr>
<td>12. Partnership or multi-member LLC</td>
</tr>
<tr>
<td>13. A broker or registered nominee</td>
</tr>
</tbody>
</table>

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person’s number must be furnished.
² Circle the minor’s name and furnish the minor’s SSN.
³ You must show your individual name and you may also enter your business or DBA name on the “Business name/disregarded entity” name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.
The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S) 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), I agree:

1. I know the nature of the EVENT(S) and the Minor’s experience and capabilities, and believe the Minor to be qualified to participate in the EVENT(S). 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(S).

2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the EVENT(S) 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(S), the rules of the EVENT(S), 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 Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR’S FUTURE.

3. I consent to the Minor’s participation in the EVENT(S) 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, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), promoters or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "RELEASEES," FROM ALL LIABILITY TO ME, THE MINOR, my and the minor’s personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, DAMAGES OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE 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 NEGLIGENCE 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 GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF WITNESS

PRINTED NAME OF WITNESS

NAME and AGE OF MINOR PARTICIPANT

Page 1 of 2
MINOR’S ASSUMPTION OF RISK AND RELEASE
AND WAIVER OF LIABILITY

I have obtained my parent’s consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

1. Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).

2. I understand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.

3. I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, and/or the NEGLIGENCE of others, including those persons responsible for conducting the event(s).

4. I HEREBY ASSUME ALL SUCH RISKS, EVEN IF THE RISKS ARE CREATED BY THE NEGLIGENCE of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as “Releasees.”

5. I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE, ALL OF THE RELEASEES FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the NEGLIGENCE of the Releasees or otherwise.

I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY,
UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

I HAVE READ THIS RELEASE
SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

I HAVE READ THIS RELEASE
WITNESS

PRINTED NAME OF WITNESS
Name: ________________________________________________________________

Do you have a nickname: ________________________________________________

Home town: ____________________________________________________________

What kind of bike(s) do you run: __________________________________________

Sponsors: ______________________________________________________________

When did you start racing: ________________________________________________

Something you’re proud of from last season: ________________________________

Victories or Championships: _____________________________________________

Something interesting about yourself: _______________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
Member # _____________ Comp # _____ Region ______

Name ____________________________________________

Check all that apply:  CCS:_____ ASRA:_____ TC:_____

This is a complete update:_____ These are additions:____

List your sponsors in the order in which you would like them to appear on the results. We may have to make adjustments to allow them to fit in the computer space available.

Only list the companies or individuals that are actually providing financial aid. If you give sponsor exposure away, it lowers the value to everyone who participates.

1.______________________  2.______________________
3.______________________  4.______________________
5.______________________  6.______________________
7.______________________  8.______________________
9.______________________  10.______________________
11.______________________ 12.______________________
13.______________________ 14.______________________
15.______________________ 16.______________________
17.______________________ 18.______________________

Please return the completed form to registration before 9:00 am on the day of your race for entry into the computer.
2020 GARAGE RENTAL AGREEMENT

To reserve a garage bay for the 2020 LRRS season, complete this form and return by the deadline of March 2, 2020. Full season rental is $1,430.00 and payable in two payments of $715.00 each. Credit card, check, cash and money orders are accepted. This fee includes tire disposal fee. The first payment is due on March 16, 2020 and the second payment is due on July 13, 2020. Full payment is also an option. Garages will be available on a first come, first served basis after March 2, 2020.

Payment must be made before anyone is allowed to occupy the garage bay for the event. Failure to meet payment deadlines will result in loss garage privileges.

Name of Renter/Business: ____________________________________________________________

Address: __________________________________________________________________________

Phone: ____________________________  Email: ___________________________________________

Preferred Garage Location: NORTH GARAGE BAY: __________________  CENTER GARAGE BAY: __________

Name on Credit Card: ____________________________  Type of Card: VISA  MC  DISC  AMEX

Credit Card Number: ____________________________________________  Exp. Date: __________

Garage parking passes are not the same as Camping passes. Garage renters are allowed to stay overnight (“camp”) in the parking area assigned to your garage space. However if you are staying overnight anywhere else on NHMS property, you MUST pay for and properly display a separate Camping pass. Camping passes are obtained through the Operations Office (Main Gate).

Four (4) Parking passes are assigned per garage bay with the signer of this agreement automatically receiving one. Passes MUST be properly displayed in plain sight. Any and all vehicles must fit in the assigned parking space that coordinates with your garage. For example, 4 vehicles with the proper passes displayed in their assigned spots is considered acceptable. 4 properly displayed vehicles, plus 3 extra of visiting friends is not considered acceptable. Guests will be directed to other parking areas. NO EXCEPTIONS WILL BE MADE TO THIS RULE. **No Pass = No Park**  PLEASE COME TO MEDIA CENTER IF YOU ARE UNCLEAR.

________________________________________________________________________

I understand by signing this rental agreement, that I am obligated to pay for the garage bay rental, whether or not I actually use the bay and/or attend any event(s). I understand that my credit card will be charged $715.00 on the dates listed above if I have not already paid in full. I also acknowledge that I have read the LRRS SEASON GARAGE RENTAL RULES AND REGULATIONS and agree to abide by the rules. I agree that my failure to do so will result in my losing garage bay rental privileges and possible fines.

Signature: ____________________________  Date: __________________________

<table>
<thead>
<tr>
<th></th>
<th>PAID</th>
<th>CLERK</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16, 2020</td>
<td>$715.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 13, 2020</td>
<td>$715.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAIL:  LRRS/NHMS  
PO BOX 7888  
LOUDON, NH  03307

FAX: 603.783.8323  
EMAIL: lrrs@nhms.com