



2022 Musket Dirt Shootout Entry Packet

Deadline for Entry: Tuesday, June 7

INSTRUCTIONS

1. Incomplete, illegible or incorrect packets will be returned. All forms below (entry form, medical form, driver bio, waiver(s) and W-9) must be completed for entry to be considered complete. Please print the forms below single-sided.

Note: If the participant is a minor, the Minor Waiver must also be completed, notarized and on file with New Hampshire Motor Speedway prior to the event.

2. Please type or print the information in the blank spaces provided clearly and precisely. Our inability to read the forms may result in misinformation in entries. Do not abbreviate city names.
3. Ensure NHMS has your complete personal information including name, address, phone number (day and night), email address and date of birth.
4. Please circle the series you are entering and provide your car number. Car numbers will be issued on a first come first served basis. In the event multiple cars enter with the same number, a letter(s) will be assigned to differentiate the cars/drivers (i.e. 8ma, 8nh, etc.).
5. Entry fees are as follows:
 - Car entry fee: \$35/car*
 - Pit pass: \$35/person (now through June 7, 2022) | \$40/person (after June 7, 2022)

**Car entry fee only registers the car. Drivers are required to purchase a pit pass.*

All persons entering the pit area must sign the attached Adult Waivers, or if the person is under the age of 18, a Minor Waiver must be executed.

Bands will be mailed out in advance. If you do not have your band(s) with you upon arrival, you will be required to purchase a new band(s).

6. Timing and Scoring: NHMS uses MyLaps timing and scoring. If you own an AMB transponder, please provide the number for timing and scoring. If you do not have a transponder, then one will be assigned to you for pick-up the day of the event. Failure to return the transponder at the end of the event will result in a \$500 replacement fee.
7. Purse: Please find information below.

Completed entry packets must be received by Tuesday, June 7 via email to KLeonard@NHMS.com or mail:

Operations
Musket Dirt Shootout
PO Box 7888
Loudon, NH 03307

NHMS will contact you for payment. Entries received by fax will not be accepted.



EVENT SCHEDULE

10:30:00 AM	Pit Open for Competitor Access
12:00:00 PM	Ticket Gates Open
12:25:00 PM	Rolling Practice (10-Minute Rotating Sessions Per Series)
01:15:00 PM	Track Prep (If Necessary)
01:30:00 PM	Heat Races (Random Draw for Position)
	DMA Heat 1 (8 Laps)
	DMA Heat 2 (8 Laps)
	DMA Heat 3 (8 Laps)
	Track Prep (If Necessary)
	GSMS Heat 1 (8 Laps)
	GSMS Heat 2 (8 Laps)
	GSMS Heat 3 (8 Laps)
	Track Prep (If Necessary)
03:00:00 PM*	SCCNH School Bus Rides
	SCoNE Heat 1 (8 Laps)
03:20:00 PM*	SCoNE Heat 2 (8 Laps)
	SCoNE Heat 3 (8 Laps)
	Track Prep (If Necessary)
	Last Chance Races (If Necessary)
	DMA Last Chance Race (8 Laps)
	GSMS Last Chance Race (8 Laps)
	SCoNE Last Chance Race (8 Laps)
03:50:00 PM*	Track Prep (If Necessary)
04:00:00 PM*	Pre-Race Ceremonies
	Invocation
	Canadian Anthem
	National Anthem
04:10:00 PM*	DMA Cars Roll On To Frontstretch for In-Car Driver Intros
04:15:00 PM*	DMA Feature (30 Laps)
	DMA Victory Lane
04:45:00 PM*	GSMS Cars Roll Off for Driver Intros During Pace Laps
04:50:00 PM*	GSMS Feature (20 Laps)
	GSMS Victory Lane
05:25:00 PM*	SCoNE Cars Roll Off for Driver Intros During Pace Laps
05:30:00 PM*	SCoNE Feature (30 Laps)
	SCoNE Victory Lane

**Schedule times are approximate and subject to change*



PURSE BREAKDOWN

SCoNE PURSE			
Position	Amount	Position	Amount
1st	\$ 1,500	10th	\$ 250
2nd	\$ 750	11th	\$ 225
3rd	\$ 500	12th	\$ 200
4th	\$ 400	13th	\$ 200
5th	\$ 375	14th	\$ 200
6th	\$ 350	15th	\$ 200
7th	\$ 325	16th	\$ 200
8th	\$ 300	17th	\$ 200
9th	\$ 275	18th	\$ 200

TOTAL SCONE PURSE - \$6,650

DMA PURSE			
Position	Amount	Position	Amount
1st	\$ 1,500	13th	\$ 200
2nd	\$ 750	14th	\$ 200
3rd	\$ 500	15th	\$ 200
4th	\$ 400	16th	\$ 200
5th	\$ 375	17th	\$ 200
6th	\$ 350	18th	\$ 200
7th	\$ 325	19th	\$ 100
8th	\$ 300	20th	\$ 100
9th	\$ 275	21st	\$ 100
10th	\$ 250	22nd	\$ 100
11th	\$ 225	23rd	\$ 100
12th	\$ 200	24th	\$ 100

TOTAL DMA PURSE - \$7,500

****NOTE – THERE IS NO PURSE FOR THE GRANITE STATE MINI SPRINTS****



SERIES:

CAR #:

(For NHMS use only)

DRIVER PROFILE

Name: _____ DOB: ____/____/____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Car Number: _____ Transponder Number: _____

Car Class (Choose One):

Dirt Midget Association

Granite State Mini Sprints

Sprint Cars of New England

I verify all of the above information is true and to the best of my knowledge.

Participant Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____
(If participant is 18 & under)



SERIES:

CAR #:

(For NHMS use only)

2022 MEDICAL FORM & EMERGENCY CONTACT FORM

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Last Tetanus Shot: ____/____/____

Allergies: _____

Regular Medications: _____

Medical Conditions: _____

(Example: heart disease, high blood pressure, kidney disease, diabetes, etc.)

Please list all major surgeries in the past five years: _____

Please choose all that apply: Contact Lenses Glasses Dentures Other: _____

Are you an organ donor? YES / NO If yes, specific organs? _____

Do you have medical insurance? YES / NO

If yes, Insurance Company Name: _____ Policy #: _____

Emergency Contact:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Contact Phone Number: _____ Secondary: _____

Relationship: _____ Are they present during events? YES / NO



SERIES:
CAR #:
(For NHMS use only)

2022 DRIVER BIOGRAPHY FORM

Driver Name: _____ Nickname(s): _____

Date of Birth: ____/____/____ Age: _____ Driver Number: _____

Residence (City & State): _____

Home Town (City & State): _____

Car Year, Make, Model: _____

Primary Sponsor(s): _____

Additional Sponsor(s): _____

Where/When did you start racing? _____

Last Season's Accomplishments? _____

Racing History: _____

Previous Victories/Championships: _____

Tell us something interesting about yourself: _____



SERIES:

CAR #:

(For NHMS use only)

W-9 FORM

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

**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.

Name (as shown on your Income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee

Other (see instructions) ▶ _____

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

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Employer identification number

		-								
--	--	---	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 4.

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



SERIES:

CAR #:

(For NHMS use only)

ADULT WAIVER (PERSONS 18 YEARS OF AGE AND OLDER ONLY)

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

DESCRIPTION AND LOCATION OF SCHEDULED EVENT(S) DATE RELEASE SIGNED

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (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), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, competition vehicle owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and leasees of premises used to conduct the EVENT(S), 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(S) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE 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, OR COST they may incur arising out of or related to the UNDERSIGNED'S INJURY OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) 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 Indemnity 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(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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 HERE	SIGN NAME HERE	DUTIES
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	
	I HAVE READ THIS RELEASE	

SIGNATURE AND TITLE OF WITNESS

1122 Route 106 N, Loudon NH
ADDRESS OF WITNESS



SERIES:

CAR #:

(For NHMS use only)

MINOR WAIVER PART 1 (PERSONS UNDER THE AGE OF 18 ONLY)

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), premises 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, 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



SERIES:

CAR #:

(For NHMS use only)

MINOR WAIVER PART 2 (PERSONS UNDER THE AGE OF 18 ONLY)

MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S)

DATE RELEASE SIGNED

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

