

2017 I.T.P.A. MEMBERSHIP APPLICATION

DATE _____ AGE _____ NEW [] RENEW []

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER [] _____ ITPA ZONE _____

All checks are to be issued payable to: _____

[] Fed. ID# **OR** [] SS# (check one) _____
 (1099's will have this # on them)

	by 12-15-16	by 2-1-17	after 2-1-17
COMPETING MEMBER []	\$250.00	\$275.00	\$300.00
ANTIQUÉ-CLASSIC-1050# SS-MINI RODS []	\$200.00	\$225.00	\$250.00
ASSOCIATE MEMBER []	\$85.00	\$85.00	\$125.00
INSURANCE []	\$150.00	\$170.00	\$190.00

- | | | | |
|-----------------------------|--------------------|-----------------------------|-----------------------|
| [] 9500# PRO FARM | [] 2WD TRUCK | [] PRO STOCK | [] 1900# MINI ROD |
| [] 11,000# PRO FARM | [] SUPER STOCK | [] ANTIQUE | [] 1050# SUPER STOCK |
| [] 4WD TRUCK | [] 8000# MODIFIED | [] CLASSIC | [] 5800# MODIFIED |
| [] PRO STOCK DIESEL TRUCK | | [] 8500# LIMITED PRO STOCK | |
| [] 9500# LIMITED PRO STOCK | | | |

PRIMARY DRIVER _____

ADDITIONAL DRIVER (S) _____

	FIRST VEHICLE	SECOND VEHICLE
CHASSIS/MAKE/YEAR'S MODEL		
ENGINE/MODEL		
VEHICLE NAME		

TEAM NAME _____

OFFICE USE ONLY

ITPA MEMBERSHIP _____ ITPA INSURANCE _____

APPLICATION RECEIVED BY _____ TOTAL PAID _____

INSURANCE COVERAGE:

When competing at an ITPA Sanctioned Event with an ITPA Competition Membership and Wisenberg Promoter's insurance the following coverage's are in effect:

Major Medical:.....\$250,000
Promoter Event Insurance.....\$ 10,000
Membership Insurance.....\$240,000
Accidental Death and Dismemberment.....\$ 25,000
Liability:.....\$10,000,000

AGREEMENT OF RELEASE

1. HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE ITPA AS AN ASSOCIATION, INCLUDING ALL ITS CORPORATE ELECTED AND APPOINTED OFFICIALS, ALL MEMBERS OF COMMITTEES, REFEREES AND INSPECTORS, ITS INDIVIDUAL MEMBERS, ITS MEMBER CLUBS, AGENCIES OF GOVERNMENT WHICH CONTROL ESSENTIAL EVENT SITES, FINANCIERS AND FIRMS WHICH RENDER ESSENTIAL GRATIS, INCLUDING ALL OFFICERS, AGENTS AND EMPLOYEES OF THE FOREGOING AND VOLUNTEER WORKERS ASSISTING IN SANCTIONED ITPA EVENT ACTIVITIES, ALL HEREINAFTER REFERRED TO AS "Releases" from or for any and all liability to me, my personal representatives, heirs, next of kin, successors and assigns, for all loss or damage for bodily injury, or death or damage to property of the undersigned which in any way grows out of or results from any ITPA event activity or part thereof, during the actual sanction period and whether any such claim may be based upon alleged breach of any statutory duty or obligation; and
2. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability damage or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of releases or otherwise.
3. HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in or upon the restricted area, and/or while competing, officiating observing, or working for, or for any purpose participating in the event.
4. EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE, THE UNDERSIGNED further expressly agrees that the foregoing Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

IN CONSIDERATION OF BEING GRANTED AN ITPA COMPETING MEMBERSHIP, I HAVE READ THE AGREEMENT OF RELEASE ABOVE AND HAVE SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY FOR ALL ITPA EVENTS.

IN CONSIDERATION OF THE ITPA PROMOTIONAL EFFORTS ON BEHALF OF THE SPORT, I HEREBY ASSIGN ALL COMMERCIAL PICTURES, MERCHANDISE SALES AND BROADCAST RIGHTS TO THE ITPA.

SIGNATURE _____

DATE _____

MAIL TO: ITPA, 849 CO RD 1850 E, GREENUP, IL 62428

MUST BE SIGNED IN ORDER TO BE VALID