

D.R.A.F
Drag Racer's Association of Florence

Membership Application

Race Class _____ Car Number _____

Name _____

Street _____ City/State _____ Zip _____

Make _____ Model _____ Year _____

Birthdate _____ Email _____

Phone () _____ Cellphone() _____

Membership dues are \$20.00 per year. If you are planning to claim points in the D.R.A.F championship, membership dues are an additional \$100.00 for the following classes: Footbrake, Street, and Top Eliminator. Junior Dragsters will be an additional \$50.00.

Do you wish to run for D.R.A.F champion? _____yes _____no

LIABILITY RELEASE—PLEASE READ CAREFULLY AND SIGN!!!!

I, the above named driver, of my own free will and choice, hereby forever give up all my rights to sue or make any claim whatsoever against D.R.A.F aka Drag Racers Association of Florence, its officers, and any and all sponsors connected with DRAF in any way for any injury to property and person I may suffer, including, but not limited to, minor injury, serious injury, crippling injury or death, whether such arises while I am preparing for or participating in D.R.A.F sponsored events. I know the risk of danger to my property and myself while participating in D.R.A.F events and while on event/race premises and relying on my own judgment and ability assume all such risk and loss.

I, the above named racer, have read the above liability, understand it and agree to it. Further, I state that all information I have entered on this membership application is true and correct.

RACERS SIGNATURE: _____ **DATE** _____

IF RACER IS UNDER 18 YEARS OLD A PARENT OR GUARDIAN MUST SIGN BELOW

I, the parent or legal guardian of the above named racer have read the above liability release, understand and agree to it, and give the above named racer my permission to participate in D.R.A.F events. Further, of my own free will and choice, I hereby forever give up all my rights to sue or make claim whatsoever against all persons, sponsors connected with D.R.A.F mentioned in the Liability release.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

Office use only: Regular Membership \$ _____ DRAF Championship \$ _____ Total Paid \$ _____