



Category: (Please Check One)

Owner/Driver - \$125.00

Owner - \$125.00

Pit Crew - \$65.00

Associate (no voting privileges) - \$45.00

New Members (haven't been a member in the last five years)

Owner/Driver - \$105.00

Pit Crew - \$45.00

Associate (no voting privileges) - \$25.00

## 2022 N.C.M.A. Sprints Membership Application

Please Make Check Payable to NCMA and mail with application to: 1210 Whitney Ranch Pkwy, Unit 513, Rocklin, CA 95765

Car # Requested: \_\_\_\_\_ 2<sup>nd</sup> Choice if Requested # is not Available: \_\_\_\_\_ 2021 Car #: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN (required for tax purposes): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have personal medical insurance?  Yes  No Ins. Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Children's Names: \_\_\_\_\_

In consideration of the Northern California Modified Association (NCMA) and/or their directors granting me a membership to participate in sanctioned events, to compete for prize money or other remunerations, and to enjoy participation in scheduled sporting events, I hereby grant to said NCMA, et al., and/or their directors:

First: All fees, salaries, or other remuneration, including residuals derived from any movie terms, television, radio, advertising, or other entertainment media derived from my activities as a participant in any NCMA sanctioned event.

Second: The exclusive right to publish, sell, or use in any fashion, photographs of me or my equipment without remuneration or notice to me.

Third: A complete and unconditional release on behalf of myself and heirs, for any injuries to me, or any damage to my property, sustained while participating in any sanctioned event.

As a condition under which NCMA agrees to issue a membership to participate in sanctioned events, I affirm the following:

First: My participation in any sanctioned event will be on a voluntary basis, in which I will be acting solely for myself as an independent contractor. I will not act as an agent, servant, or employee of the NCMA, or any other person or organization if I participate in any event.

Second: If, as a result of my voluntary participation in any sanctioned event, I win any prize money or receive other remunerations, I do so as an independent contractor, and conclude all necessary tax returns.

Third: As a voluntary participant in any sanctioned event, acting solely on my behalf as an independent contractor, I recognize the fact that NCMA does not provide Workers Compensation Insurance, Unemployment Insurance, Unemployment Disability Insurance, Federal Old-Age Survivor Insurance, or any State or Federal Taxes.

Fourth: As a voluntary participant in any sanctioned event, I fully recognize the possibility of injury to my person and damage to my property, and I freely assume this risk as a participant in any sanctioned event.

### Agenda to Application:

I have read and understand this application for a membership as a participant of the Northern California Modified Association (NCMA). I fully understand the application contains a general release to all persons in any way connected with sanctioned event for any personal injury.

I am of legal adult age (18 years or older) and DO NOT require a Minor's Release Form to be filed with the Northern California Modified Association.

I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AS A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT. I UNDERSTAND THAT MY SIGNATURE ON THIS FORM OPERATES AS A COMPLETE RELEASE OF THE NCMA, TOGETHER WITH ITS OFFICERS, DIRECTORS, OFFICIALS, REPRESENTATIVES, AND AGENTS, FROM ANY AND ALL LIABILITY. I FREELY AND WILLINGLY CONSENT TO THIS WAIVER AS A RELEASE OF LIABILITY AND INDEMNITY AGREEMENT. BY SIGNING THIS FORM I AM AGREEING TO ABIDE BY ALL NCMA RULES AT ANY AND ALL SANCTIONED EVENTS.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCMA Officer/Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date