

SMXP MEMBERSHIP

MEMBERSHIP #: _____

RELEASE: By filling out and signing below you hereby release UPR-Under Pressure Racing,, Sandhils Motorsport Park, the location of the event (401 S. 7th Street) both producer and sponsor, the owners (Glenn Grint and Lisa Grint) 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, you know the risk and danger to yourself 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 yourself and your property from any cause whatsoever.

AGREEMENT: By my signature below, I hereby agree to the terms of the above release waiver of liability and further agree to abide by the UPR, SMXP, Heartland or any series rulebook and special regulations in all participation. I certify the above information regarding my age, identity, and experience is true and freely given for the purpose of obtaining a SMXP membership license. Membership fees are for one year only. When purchasing a Sandhills Motorsport Park Membership you are allowed access to all MX practices. This release is based on a year. On race day you will have to pay entry class fees, sign waivers plus entry forms and in no way connects to the Heartland MX series or any other series at SMXP. This membership is NON-TRANSFERABLE and only the name(s) above with ID is allowed to enter. All other parties are not covered under this membership and must sign a release waiver upon entry. ENTER AT OWN RISK.

X _____ X _____
X _____ X _____
X _____ X _____

Date: _____ Date Expired: _____ Amount Paid: _____ cash or chk # _____

Family Membership: \$200 for one year includes 2 Adults and 4 children... *must be family related*. Please include family members name on sheet.

Adult: _____ **Relationship:** _____ **Age:** _____
First, Last Name

Adult: _____ **Relationship:** _____ **Age:** _____
First, Last Name

Name of Children: _____
First, Last Name

Individual Membership: \$100 for a year. Includes one SMXP membership.

Name: _____ **Age:** _____

Address to Mail out Membership Card:

To: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone:(____) _____ Mobile:(____) _____ Email: _____

In case of Emergency Contact:

Name(s): _____ **Relationship:** _____

Phone Number (s) _____