



NEW EGYPT SPEEDWAY 2020 RESERVED SPECTATOR PARKING

RESERVED SPECTATOR PARKING PRICING

2020 SEASON - \$150.00

2020	Reserved Par	king Spot #:	(1 st Choice)	(2 nd Ch	oice)	
Print Name:						
Address:						
City:		State):	Zipcode:		
Phone:						
furtherance of that NES ever limited to, the following: I accompliance with the rules a implied warranty of safety in HAZARDOUS activities whi and environmental conditionothers or me. I have made a whether or not they are known risks of injury, death, or provide as and hold harmless a representing races or other but not limited to death), or related activities are present UNERSIGNED HAS READ A inducements have been manually accompliance.	ent. I HERBY AGREE the gree to abide by all NES and regulations, and I agresulting from the issuar ch carry with them sign in and risks, which indea voluntary choice to pay by the content of the conten		that I will abide by all rule that I shall be the sole son responsible for my condition. The undersigned acknowled death, or property damage with the activities may calcept all responsibility for the town, I hereby expressly assigned and medical insural sidiaries, directors, officers esented, and participants but, or en-route to and out all risk (including those Y/RELEASE, and further a	s and regulations as set forti pokesperson for myself, in a uct. I further understand that vledges that auto racing and je. I also understand that the use property damages or se the risks, conditions and haz ume any and all of the foregone costs of the participant. s, agents, employees, officia thereon, for all accidents, low of the premises where oper set forth above) are express grees that no oral represents	h by NES including, but no all matters pertaining to the at there is no express or related events are are natural, mechanical ver or even fatal injuries to cards which may occur bing risks including the I further agree to forever als, assigns, promoters asses, injuries (including, ated racing events or all y waived in advance. THE ations, statements or	
Applicants Signature:				Date:		
FOR OFFICE USE ONL	.Y					
Amount Received:		Received By:		Date:	Spot#:	
	Check No.:	Cash:	Money Orde	er No.:		
Credit Card No.: _		EXP.:	CVV:	Billing Zipco	de:	