

MUST SEE RACING, LLC  
11255 Glen Hill Lane  
Holly, MI 48442  
248-762-1732  
[hmsinc98@aol.com](mailto:hmsinc98@aol.com)



**2026 Membership Application**

Application for Annual License, Membership, Acknowledgement and Public Authorization

**Application:** Application is hereby made for annual membership and/or License from the Must See Racing, LLC, herein referred to as MSR, as specified below. I certify that the information appearing on the following Page 2 of this Application is true and correct. I understand that a grant of membership and/or a competition license is subject to the official rules, interpretations, and decisions by MSR officials.

**Certification:** I certify that I am sixteen (16) years of age or older. An applicant who has achieved the age of sixteen (16) but has not yet achieved the age of majority in the state where he/she resides, must submit a Minor Release and Waiver of Liability and Indemnity Agreement form as provided by MSR or the race track. I also certify that I am not an employee of MSR or any of its venues and will assume all responsibility of all charges, premiums, and taxes, if any, payable on the funds that I may receive as a result of my participation activities, including without limitations, Social Security taxes, Unemployment Insurance taxes, Compensation Insurance taxes, and State and/or Federal withholding taxes.

**Acknowledgement:** I hereby acknowledge and agree that I have no right, property, or proprietary interest in any radio, television broadcast, motion pictures, DVD distribution, internet distribution, still photographs, tape or sound reproduction taken, made, transmitted and/or distributed of MSR events or other events associated with the racing series, also including but not limited to tape, pictures and sound of me alone or with other persons, with or without racing equipment, as well as any and all receipts there from, and any and all transactions thereof.

**Acknowledgement:** I hereby acknowledge and agree to attempt to enter, register, attend and participate, in all MSR scheduled racing events. I hereby acknowledge and agree to not enter, register, attend or participate in any other pavement winged sprint car events on scheduled, or to be scheduled MSR event dates.

**Authorization:** I agree that the MSR, or its assigns, on a non-exclusive basis, may use my name, pictures, and/or tape of my racing equipment taken at any event for publicity purposes.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

**PAGE THREE ALSO REQUIRES APPLICANT'S SIGNATURE**

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Driver and/or Car Owner Name \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone: \_\_\_\_\_

Cell

Work

Home

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**MUST BE COMPLETED**

Name

Phone

Allergies/Medical Conditions: \_\_\_\_\_

**MUST BE COMPLETED**

Insurance Beneficiary: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children/Grandchildren: \_\_\_\_\_

Age: \_\_\_\_\_ No.years racing: \_\_\_\_\_ Principle Profession: \_\_\_\_\_

Car Number: \_\_\_\_\_ Sponsors 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**PLEASE CHECK BOX TO INDICATE TYPE OF LICENSE**

Note: A separate license for each driver and an owner's license is required for each car. An owner with more than one car only requires one owner's license. A driver who owns the car he/she competes in requires a Driver/Owner joint license.

- Type of License:  Driver Only \$150.00  
 Owner Only \$150.00  
 Mechanic Only \$150.00  
 Driver & Owner JOINT \$275.00

**MUST SEE RACING, LLC  
THIS IS A RELEASE OF LEGAL LIABILITY, READ BEFORE SIGNING**

**RELEASE**

**In consideration** of being permitted membership in the Must See Racing, LLC and the right to participate in Series events (the "Events"), and to enter for any purpose in connection with the Events any restricted area (herein defined as including, but not limited to the racing surface, pit area, infield, lineup area, approach area, shut down area, and all walkways, concessions, and other areas where activity related to the Events shall take place), or being permitted to compete, officiate, observe, work for, or for any purpose, participate in any way in the Events, **the Undersigned**, for himself/herself, his/her personal representatives, heirs, and next of kin, **Hereby Releases, Waives, Discharges, and Covenants Not To Sue** Must See Racing, LLC, the promoter, participants, racing association, sanctioning organization or any subdivision thereof, track operator, track owner, officials, pit crews, sponsors, advertisers, car owners, lessees, any person in any restricted area, and each of them, their officials, and employees all for the purpose here referred to as "**Released Parties**," from all liability for demands on account of injury to person (including death) or damage or loss of property of resulting participation in the Events and/or presence in the restricted area, whether such injury, death or damage caused by the negligence of the Release Parties or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing, working for, or for any purpose participating in the Events. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY PROPERTY ARISING FROM, OR IN CONNECTION WITH, MY PRESENCE AT OR PARTICIATION IN ANY WAY IN THE EVENTS.**

**INDEMNITY, ASSUMPTION OF RISK HOLD HARMLESS AGREEMENT AND  
ACKNOWLEDGMENT**

**The Undersigned Further Hereby Agrees to Indemnify and Save and Hold Harmless** the Released Parties, 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 in, officiating, observing, working for, or for any purpose participating in the Events whether caused by the negligence of the releasers or otherwise.

**The Undersigned Assumes Full Responsibility for and Risk of Bodily Injury, Death or Property Damage** due to the negligence of the Released Parties while in or upon the restricted area and/or while competing, officiating, observing, or working for, or for any purpose participating in the Events.

**The Undersigned** expressly acknowledges and agrees that participation in the activities of the Events is very dangerous and involves the risk of serious injury and/or death and/or property damage and **the Undersigned** further expressly agrees to assume all risk of participation in the Events.

**The Undersigned Acknowledges** that the foregoing Release, Waiver, Assumption of Risk and Indemnity Agreement are intended to be as broad and inclusive as is permitted by the law of the province or state in which the Events are conducted and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they