



## 2016 PACE CAR REUNION REGISTRATION FORM

All information must be completed on this form or entry will be returned. Please include a current color photograph of the automobile, along with a detailed history.

PLEASE RETURN PROMPTLY.

OWNER INFORMATION ————————————————————————————————————		
Name:		
Address:	City / State / Zip:	
Winter Address:(with dates)	City / State / Zip:	
Phone: (home)	Fax:	
(office) (cell)		
	DRIVER INFORMATION —	
Name:		
Address:	City / State / Zip:	
Drivers License Number:	Expiration:	
Phone: (home)		
(office)	Fax:	
(cell)	E-Mail:	
	CAR INFORMATION	
Year:	Make:	
Model:	Color:	
Vehicle License Number (if applicable)		
Type of Trailer (include trailer length):		
Person responsible for trailer:		
Cell Phone:		

## **2016 PACE CAR REUNION**

<u></u>	Personal Check Company Check Credit Card  Make Check to Indianapolis Motor Speedway Foundation
	CREDIT CARD INFORAMTION ————————————————————————————————————
Visa	Name on Card:
MasterCard	Card Number:
	Expiration Date:
Discover	Signature:
COST:	
Registration Fe	ee (per owner, not per car) \$100.00
Registration fee j	for each additional car is \$75.00 Number:x \$75 = \$

The Indianapolis Motor Speedway Museum maintains a database of owners of pace cars, festival/track cars and safety vehicles for internal use only. We would appreciate your assistance in listing other pace cars, festival/track cars or safety vehicles you own for entry into the data base. (Optional)

## **REGISTRATIONS MUST BE RECIEVED BY FEBRUARY 28, 2016**

All information must be completed or form will be returned.

A current color photograph and a detailed history of the automobile must accompany this registration form.

Please return completed registration form to:

Indianapolis Motor Speedway / Hall of Fame Museum / Pace Car Reunion P.O. Box 24152 Speedway, IN 46224

All participants are required to provide evidence of automobile liability and property damage insurance for each entered car. Specifically, we ask that you submit a current copy of the following items: driver's license for intended driver of entered car and automobile liability and property damage insurance for entered car. To the extent that you receive any passes to enter the garage area or wish to participate in track laps, please be aware that execution of IMS' standard consent and liability release will be required prior to the issuance of any credentials and the minimum age is eighteen (18).

## DISCLAIMER (COMPLETE AND FINAL RELEASE FROM ANY AND ALL LIABILITY) In consideration of acceptance of this application by Indianapolis Motor Speedway, the undersigned does hereby (1) release Indianapolis Motor Speedway Foundation, Inc., Indianapolis Motor Speedway, LLC and their respective staff, volunteers, directors, officers, owners, members, representatives, employees and agents from any and all liability arising out of the Pace Car Reunion ("PCR"), track laps and any other activities related to the PCR including without limitation the commercial exploitation of the event and, liability for personal injury and property damage to the entered car; (2) release all other entrants and officials from any and all liability arising out of the event; (3) warrant that the undersigned has personally read and agrees to comply with the rules and regulations; and (4) give permission to use photographs and information about the entrant's automobile(s) for publication including without limitation inclusion in the program. This release extends to and includes any and all claims of liability, arising from or in any way related to the undersigned's participation in the event, whether known or unknown at the time of signature, and includes a release of claims of the negligence of the released parties. To the extent any applicable law prohibits waiver of unknown claims, the undersigned acknowledges the possibility of unknown claims and specifically waives application of that law to any claims in any way related to the undersigned agrees to hold harmless and indemnify Indianapolis Motor Speedway from any Iritigation expense, including reasonably attorneys fees, arising out of claims brought by or on behalf of the undersigned otherwise covered by this release. The undersigned agrees, by his or her signature, that he or she has read the foregoing and accepts the terms and conditions. Signature: Date: