

2024 ISMA/MSS OWNER-DRIVER MEMBERSHIP

NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP _____

TELEPHONE Home () _____

Cell () _____

E-MAIL _____

CAR NUMBER _____ SOCIAL SECURITY NUMBER _____

PURSE PAYABLE TO _____

As a member of the International Super Modified Association, I agree to abide by all rules and regulations now published or hereinafter modified. IN CONSIDERATION of the acceptance by I.S.M.A./MSS of this application, I for myself, my heirs, next of kin, personal representatives and assigns, FOEVER RELEASE, REMISE and FOREVER DISCHARGE and AGREE TO HOLD HARMLESS AND INDEMNIFY I.S.M.A./MSS, the Officers, Directors, Agents, Employees, I.S.M.A./MSS Officials and I.S.M.A./MSS Members, of and from all liability, claims, actions and of possible causes of action whatsoever including negligence of any of the foregoing that may accrue to me or my heirs, next of kin and personal representatives, from every and any loss, damage and injury (including death) that may be sustained by my person and property while in, about, and enroute into and out of premises where I.S.M.A./MSS sanctioned events or meetings are presented.

Furthermore, I am aware of the dangers of auto racing and assume all risks involved.

My membership card will entitle me to discounts at tracks allowing rebates and give me the right to vote for Board of Directors, Officers, and other I.S.M.A./MSS issues. Membership dues will be \$50.00 per person.

Date

Signature

**Remit To: ISMA
P.O. Box 5157
Oswego, NY 13126**