

## 2024 ISMA/MSS PERSONNEL MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE Home (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

DUTIES \_\_\_\_\_

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 Officers, and other I.S.M.A./MSS Awards. Membership dues will be no charge for ISMA/MSS Personnel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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