



Po Box 184
 Oxford, ME 04270
 Phone: 207-539-8865
lizamoxfordplains@gmail.com
cassidysoxfordplains@gmail.com

2024 LICENSE APPLICATION

License Payment Received (Official initials) _____ **LICENSED** **NON-LICENSED**

APPLICANT'S SECTION

DIVISION:

CAR# _____ (desired) Rookie Yes No **(answer needed for ROTY)**

Name _____ Date of Birth _____

Address _____ SS # _____

Town/State/Zip _____ Home Phone _____

Email Address _____ Work Phone _____

I am 18 years of age or older: Yes _____ No _____ If not, your parents/guardian must fill out a minor release form.

If there are any changes to your information you must notify the Speedway office

CAR OWNER'S SECTION (MUST BE FILLED OUT IF CHECKS ARE PAYABLE TO OWNER)

Name _____ SS# _____

Address _____ Home Phone _____

Town/State/Zip _____ Work Phone _____

Email Address _____

**Checks made payable to - Car owner Car driver (CIRCLE ONE)

DIVISIONS

OXFORD CHAMPIONSHIP SERIES

Super Late Model - \$100 (\$150 after 3/31)

Runnin' Rebel - \$25.00

OPS Street Stocks - \$75 (\$100 after 3/31)

Thunder Stocks - \$25.00

Limiteds - \$75 (\$100 after 3/31)

Cruisers - \$25.00

Rookie - N/A

Mad Bombers - \$25.00



Terms of License Agreement

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I am the applicant identified on the reverse side of this application. I hereby apply for a license to participate in Oxford Plains Speedway events in the category indicated on the reverse side. Oxford Plains Speedway (OPS) reserves the right to refuse any application for this license. OPS reserves the right to terminate any license at any time. By obtaining a license, I become eligible to compete and participate in OPS racing events, subject to the rules of those events, including, but not limited to, paying the required pit fee and executing the required Release and Waiver of Liability and Indemnity Agreement.

I understand that the rules and/or regulations set forth and amended from time to time by OPS race officials (collectively, the Rules) are designed to provide for the orderly conduct of racing events and to establish the minimum acceptable requirements for such events. The Rules shall govern the conduct of all events and by participating in any event, I am deemed to agree that I will comply with the Rules. **NO EXPRESSED OR IMPLIED WARRANTY OF SAFETY SHALL RESULT FROM THE PUBLICATION OF OR COMPLIANCE WITH THE RULES.** I understand and agree that the Rules are intended as a guide for the conduct of the sport and are in no way a guarantee against injury or death to me, any other participant, any spectator, official or any other person or to any property. OPS management shall in its sole discretion be empowered to permit deviation from any of the specifications contained in such Rules and to impose any further restrictions that are necessary or desirable in their sole opinion for the orderly conduct of racing events. Any interpretation or deviation from the Rules is left solely to the discretion of OPS Management. Their decision is final, non-appealable and non-litigable and I hereby agree that I will not bring any claim, demand, or lawsuit relating to or in any way arising out of any such decision, interpretation or deviation and do hereby release OPS and OPS Management from any and all claims, liabilities, losses, and expenses in connection therewith.

I am familiar with the current Rules and agree to abide by the Rules, including any amendments thereto that may be adopted by OPS from time to time. To the extent I breach the Rules and am fined in accordance with such breach, I expressly agree to pay such fine and to allow OPS to withhold any such fine from any prize amounts due to me.

I am an independent contractor assuming all responsibility for money received as a result of my activities including but not limited to income tax, FICA, Workmen's Compensation and withholding taxes. I am not an employee or agent of OPS.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT.

Dated _____, 20_____

Signature of Applicant _____

Printed Name of Applicant _____

Signature of Witness _____

Printed Name of Witness _____

