



Texas Truck & Tractor Pullers Association Membership Form 2019

Name: _____ Date of Birth: _____ SS#: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: Home# _____ Cell#: _____ Business#: _____
In case of Emergency Contact: _____ Phone#: _____
Checks payable to: (If different from above) _____
Number that will appear on 1099 Form: SS# _____ Fed ID# _____

____ Membership Dues – \$200.00 membership and \$150.00 insurance = \$350.00 (if postmarked by March 1, 2019)
____ Non-competing Membership – \$150 by March 1, 2019 \$180 after March 1, 2019
____ Membership Dues – \$380.00 (if postmarked after March 1, 2019)
____ Competing Member – \$100.00 **“Per Event/Per Vehicle/Per Night” No Points Awarded to Competing Member**

Make Checks payable to TTTPA:
TTTPA
P.O. Box 162
Dublin, TX 76446

I, _____, as a competing member, guarantee that my competition vehicle currently meets all safety requirements as defined in the 2019 TTTPA rulebook. I guarantee that the cage on my vehicle is SFI approved or my cage will support the weight of my competition vehicle in the event of a rollover.

Release and Waiver of Liability and Indemnity

I hereby release, waive and covenant not to sue the TTTPA Association, its elected Board Members, Tech Inspectors, Individual Members and volunteer Workers assisting in Sanctioned TTTPA events from or for any and all liability to me for losses or damages for bodily injury, death, damage to my property from any results from any TTTPA event during the actual sanction period.

I assume full responsibility for and risk bodily injury, death or damages to my property due to negligence of releases or otherwise while in or upon the restricted area and while competing, observing or any other purpose for participating in the sanction event.

I expressly acknowledge and agree that the activities of the sanction event are dangerous and involve the risk of serious injury, death, or damages to my property and further expressly agree that the foregoing Release Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is being conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Signature of Competitor

Date

THIS FORM MUST BE FILLED OUT COMPLETELY, NOTARIZED AND SIGNED TO BE VALID.

State of _____

County of _____

Signed in my presence and sworn before me this _____ day of _____ 2019

Notary Public

Expiration Date