



**MAIL FORM & MONEY TO:**  
**690 YORK RD. YORK HAVEN, PA 17370**  
**MAKE CHECKS PAYABLE TO: BAPS MOTOR SPEEDWAY**

# **BAPS MOTOR SPEEDWAY**

## **2023 SEASON PIT PASS**

### **2023 SEASON PIT PASS REGISTRATION**

**2023 SEASON - \$575**

**WOULD YOU LIKE A BUSINESS NAME ON YOUR CARD? \_\_\_\_\_**

**IF YES, WHAT BUSINESS NAME? \_\_\_\_\_**

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I HEREBY CERTIFY that any PARKING/SEATING hereunder is granted for the sole purpose of enabling me to SPECTATE in the furthermore of an enterprise, to wit, a race, or other motorsports-related activity. My presence in, about, or en-route to or out of the premises known as Susquehanna Speedway dba BAPS Motor Speedway. Events are presented is in furtherance of that BAPS Motor Speedway event. I HEREBY AGREE that by signing this application that I will abide by all rules and regulations as set forth by BAPS Motor Speedway including but not limited to the following: I agree to abide by all BAPS Motor Speedway rules and regulations. I agree that I shall be the sole spokesperson for myself, in all matters pertaining to the compliance with the rules and regulations, and I agree and understand that I am responsible for my conduct. I further understand that there is no express or implied warranty of safety resulting from the issuance of a BAPS Motor Speedway parking permit. The undersigned acknowledges that auto racing and related events are HAZARDOUS activities which carry with them significant risk of personal injury, death, or property damage. I also understand that there are natural, mechanical, and environmental conditions and risks, which independently or in combination with activities may cause property damages or sever even fatal injuries to others or me. I have made a voluntary choice to park in the facility. I agree to accept all responsibility for the risks, conditions, and hazards that may occur whether or not they are known or contemplated by me. Except as set forth below, I hereby expressly assume any and all medical insurance costs of the participants. I further agree to forever release and hold harmless and indemnify BAPS Motor Speedway and its subsidiaries, directors, officers, agents, employees, officials, assigns, promoters representing races or other events under BAPS Motor Speedway premises on which events are presented, and participants thereon, for all accidents, losses, injuries (including, but not limited to death), or other casualty arising out of my participation in, about, or en-route to and out of the premises where operated racing events or related activities are presented. By signing this release, I understand that any and all risk (including those set forth above) are expressly waived in advance. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE PARKING INDEMNITY/RELEASE, and further agrees that no oral representations, statements, or inducements have been made by BAPS Motor Speedway.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **FOR OFFICE USE ONLY**

**Amount Received** \_\_\_\_\_ **Received By** \_\_\_\_\_ **Date** \_\_\_\_\_ **Card #** \_\_\_\_\_

**Check No.** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Money Order No** \_\_\_\_\_

**Credit Card No.** \_\_\_\_\_

**Exp.** \_\_\_\_\_ **CVV** \_\_\_\_\_ **Billing Zip Code** \_\_\_\_\_