



Riverside Speedway &
Adventure Park



Keith Morse 150 Late Model Registration -2026

PLEASE INCLUDE YOUR CURRENT, ACCURATE E-MAIL ADDRESS.

PLEASE PRINT CLEARLY:

Name: _____ E-Mail Address: _____

Mailing Address: _____ City _____ State _____ Zip _____

Date of Birth: ___/___/___ Social Security Number: ___-___-___ Phone Number: () _____

CAR OWNER :

**A W-9 MUST BE COMPLETED TO RECEIVE PAYOUT .
CHECKS WILL BE MADE PAYABLE ACCORDING
TO W-9 INFORMATION.**

***ONE DAY COMPETITOR APPLICANT FEES: TO RECEIVE DISCOUNT PRICE,
MUST BE PAID/POSTMARKED BEFORE MARCH 15, 2026**

_____**Late Model \$100.00 on or before March 15, 2026**

CAR NUMBER _____

_____**Late Model \$150.00 after March 15, 2026**

TRANSPONDER NUMBER _____

***PIT PASS IS NOT INCLUDED IN THIS FEE**

License, which will be mailed from RIVERSIDE SPEEDWAY, is issued only to RIVERSIDE SPEEDWAY Members. RIVERSIDE SPEEDWAY reserves the right to refuse any application for registration. RIVERSIDE SPEEDWAY reserves the right to terminate any car registration at any time, by written notice to the member.

In consideration of acceptance of this application by RIVERSIDE SPEEDWAY, or any affiliate company owned by any principal, the undersigned hereby agrees that RIVERSIDE SPEEDWAY shall have the exclusive right to use, without further compensation to the undersigned, their name(s), picture(s), likeness(es), picture(s) of race car(s), and performance(s), or any part thereof, for any and all purposes and in any manner in connection with promoting, advertising, recording, reporting, broadcasting, producing and reproducing, or exploiting or benefiting in any way from RIVERSIDE SPEEDWAY sanctioned events, whether before, during, or after such event(s), including but not limited to photography, television and radio broadcasts, film productions and print media. The undersigned understands and agrees that this exclusive right shall be freely assignable by RIVERSIDE SPEEDWAY.

I am familiar with the current rules of RIVERSIDE SPEEDWAY and agree to abide by the current rules as they may be amended from time to time. In the event that I disagree with any amendment to the current rules, I understand that I have the right to terminate my registration within 10 days of the effective date of the amendment, which termination shall be in writing and mailed to RIVERSIDE SPEEDWAY at its Cornish Maine address.

In addition, I agree to be bound by any and all decisions by RIVERSIDE SPEEDWAY, which decisions shall be final and without recourse or appeal. In the event that I terminate my car registration application, it shall be without restitution or any part of my fee paid in connection with this application, and further, I waive any and all right or claims to any bonus money due me resulting from my racing efforts with RIVERSIDE SPEEDWAY prior to termination. I further waive any and all rights for myself, my agents and assigns, to institute any action, suits, or proceeding, whether at law, in equity, or before any administrative agency or board in any jurisdiction, under the laws of the United States of America, or any political subdivision of the United States of America against RIVERSIDE SPEEDWAY for any act or action taken or not taken, or any refusal to act on the part of RIVERSIDE SPEEDWAY or any of its employees, agents, or servants, or any persons for whose activities RIVERSIDE SPEEDWAY may be responsible, arising out of the promoting, sanctioning, sponsoring, operating, regulating, scoring, rule making, decision making of any event. I further agree that if, for any reason, I disregard any or all terms as outlined in this paragraph, by my signature witnessed below, I agree to pay all RIVERSIDE SPEEDWAY costs for counsel and/or other costs associated with any legal actions I may pursue. In consideration of acceptance of my application for membership in RIVERSIDE SPEEDWAY, the undersigned, for themselves and their heirs, successors, and assigns, I do hereby release RIVERSIDE SPEEDWAY to withhold any monies owed to me or my authorized agent for unpaid obligations to associate vendors or affiliate companies. I further do hereby release RIVERSIDE SPEEDWAY and its officers, directors, agents, and employees from any and all, and all manner of action or actions, cause and causes of actions, suits, damages, and claims that the undersigned or their heirs, successors and assigns may have now or at any time in the future may have, arising in any manner out of RIVERSIDE SPEEDWAY sanctioned events. The undersigned understands and agrees that this release constitutes a waiver and release of any and all claims for personal injury, breach of contract, and any other loss or damage except as expressly provided herein.

I affirm that I have no physical disabilities as might present any danger to myself or others during any race or activity related to racing, including but not limited to preparation for any racing event. Further, I have never filed any claims for disability except: I understand that a registrations granted under this application is not transferable and may be revoked for cause by RIVERSIDE SPEEDWAY.

NOTE: I understand that acceptance of this registration and fee by any official or representative of RIVERSIDE SPEEDWAY does not constitute approval of the registration, and that all registrations must be approved by RIVERSIDE SPEEDWAY, 553 Piper Hill Rd, Stewartstown, NH 03576. I further certify that I am an independent contractor and not an agent, servant, or employee of RIVERSIDE SPEEDWAY and I will retain such status of an independent contractor in the event my registration application is approved by RIVERSIDE SPEEDWAY.

X _____
DRIVER'S LEGAL SIGNATURE (IN INK) DATE



Emergency Form 2026

You MUST fill out the ENTIRE Form.

Name: _____ Birth date: ____/____/____
Last Name First Name M.I.

Address: _____ Apt. #: _____

City: _____ State/Zip: _____

Home Phone: _____ Mobile Phone: _____

Social Security Number: _____ - _____ - _____ Driver's License/ State ID #: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Emergency Contact Information

Name: _____ Relationship: _____

Mailing..Address: _____

Home Phone: _____ Mobile Phone: _____

Medical Information

Primary Care Doctor: _____

City/State: _____ Telephone Number: _____

Emergency Service: _____ Specialty

Doctor: _____ City/State: _____

Telephone Number: _____

If necessary, transport me to the following hospital:

_____ Pacemaker: _____ Yes _____ No

Eyeglasses: _____ Yes _____ No Contact Lens: _____ Yes _____ No False Teeth: _____

Yes _____ No Birthmarks/Scars: _____

PLEASE FILL OUT IF THIS PERSON IS UNDER AGE 18

I certify that this form is for my child, under age 18.

_____ Yes, I grant permission to treat my child in an emergency

_____ No, contact me prior to treating my child

Parent Name: _____

Emergency Telephone Number: _____ Signature:

_____ Date _____

Driver Name: _____ Signature:

_____ Date _____

