



In order to speed up the completion of the necessary 2024 New Hope Automobile Show / Philadelphia Region Sports Car Club Of America Fun Road Rally paperwork on the morning of the

Road Rally, we thought it would be a good idea to provide the forms ahead of time in downloadable format, that way you can print and complete the forms at home and bring them to the Rally.

ABSOLUTELY REQUIRED: PRINT ALL FORMS IN COLOR!

In case you don't have access to a color printer or forget your forms at home, don't worry, we'll have more at the check-in desk on the morning of the Rally.

Here are the instructions for each of the three forms on the following pages.

A The SCCA 2024 Membership Application:

There must be one completed 2024 SCCA Membership Application form per Rally Car occupant, adult and minor alike. Current Philadelphia Region SCCA Members need not fill out this form, but must provide proof of current membership.

- Leave the gray area blank
- Check the "Trial Member \$Free" box
- Check the appropriate box if this is your first Trial Membership
- Check the box that best describes your participation in the Road Rally
- Fill out the Applicant Information section (phone, email, and DoB optional), check the red checkbox, sign and enter date of signature
- Leave the payment section blank

B The 2020 SCCA Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:

This waiver must be signed by each Rally Car adult occupant. The form is designed so that one form can cover all adult Rally Car occupants. Rally Car occupants who are minors should NOT sign this waiver but should sign the minor waiver provided hereinafter.

- At the upper right corner, enter date when form was signed
- Each adult Rally Car occupant: Print name and sign on a separate line at the bottom; leave "Member#" and "Duties" columns blank
- Leave box at the bottom of form blank

C The 2020 SCCA Annual Parental Consent, Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement [Combined With] Annual Minor's Assumption of Risk and Release and Waiver of Liability:

If a minor will be an occupant of a Rally Car, both pages of this form must be completed.

- **BOTH PARENT(S) and/or GUARDIAN(S)** of each minor occupant of a Rally Car must print, sign and date the Parental Consent form where indicated at the bottom of the form AND print the name and age of the minor occupant; leave the SCCA Official's sections blank
- Each minor occupant of a Rally Car must complete the Minor's Assumption of Risk form with signature, printed name, date of signature and current age; leave "Member#" blank; leave the SCCA Official's sections blank
- **PLEASE PAY ATTENTION TO DETAIL!** Unfortunately, any deviation or discrepancy whatsoever regarding the minor forms will disqualify the minor from participation



2024 MEMBERSHIP APPLICATION

Skip the paper form and join at my.scca.com

Complete and return with payment to SCCA Member Services, P.O. Box 299, Topeka, KS 66601-0299. Dues are not deductible as charitable contributions. All membership dues are non-transferable and non-refundable.

Event Information (To be completed by a Region Official)

Sanction # _____ Event Date(s) _____

Region Name _____

- RallyCross
- Road Racing
- RoadRally
- Solo
- Street Survival
- Track Event/Time Trial

SCCA Official's Name _____ Member # _____

Annual Member \$95

National Dues \$80 + \$15 Region Dues (varies by Region). Term is one year.

*Family memberships available at my.scca.com.

DISCOUNTS:

- \$30 off National Dues for age 24 years or younger
- 20% off National Dues for Active Duty/United States Military Veteran. *To initiate, email Membership@scca.com

Weekend Member \$20

Term is 5 consecutive days.

I AM ATTENDING AS A:

- Driver, limited eligibility check event rules for requirements
- Worker
- Other

Purchase earns a \$15 coupon towards Annual Membership if redeemed within 60 days. Maximum of 2 coupons.

Trial Member \$Free

Available for use one time. Limited eligibility & limited participation privileges. Term is 5 consecutive days.

- This is my first Trial Membership.

I AM ATTENDING AS A:

- Passenger/Ride-along
- First Time Worker Training
- RoadRally Driver
- RoadRally Navigator

APPLICANT INFORMATION

*All fields required. Phone, email and date of birth not required for Trial Member.

- SCCA Annual Minor Waiver required for Minors in hot/restricted area, as a driver, worker or passenger/ride along.

Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone _____ Email _____

By accepting membership in the SCCA and any SCCA Region I agree to conduct myself according to the highest standards of behavior and sportsmanship in a manner that shall not be prejudicial to the reputation of the Club or fellow members. I will abide by the Code of Member Conduct both at SCCA-sanctioned events and away and will strive to uphold the SCCA Mission, Vision and Values and the Welcoming Environment.

Applicant's Signature **REQUIRED**

Date **REQUIRED**

I authorize the Sports Car Club of America to charge the credit card indicated below according to the terms outlined below. This payment authorization is for the membership and amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Payment Method: Cash Check Credit Card

Payment Amount \$ _____

Credit Card # _____ Exp. _____ CV# _____

Payment Authorization Signature _____ Date _____

REQUIRED FOR CREDIT CARDS

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF SCHEDULED EVENTS(S)

DATE RELEASE SIGNED

IN CONSIDERATION of being permitted to compete, or officiate, observe, work for, or participate in any way in SCCA OR SCCA PRO SANCTIONED EVENTS and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), I, for myself, my personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S). The undersigned further affirms that he/she has not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to COVID-19) within the past thirty days.
2. Acknowledges that he/she is aware that by entering the premises and participating in the EVENT(S) that there are risks to me and to those whom I interact of exposure, directly or indirectly, to communicable disease(s), viruses, bacteria, pathogens including but not limited to the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "COVID-19" and/or any mutation or variation thereof;
3. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY OR ILLNESS TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the UNDERSIGNED'S INJURY, ILLNESS OR DEATH, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
6. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
7. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

ALL SECTIONS MUST BE COMPLETED.

PRINT NAME HERE	SIGN NAME HERE	MEMBER#	DUTIES
	I HAVE READ THIS RELEASE		
	I HAVE READ THIS RELEASE		
	I HAVE READ THIS RELEASE		
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SCCA MEMBER WITNESS	SCCA MEMBER NUMBER	DATE
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