



INDY Z-CAR CLUB MEMBERSHIP APPLICATION

Date: _____

Your Name: _____

Family Member: _____

Family Member: _____

Family Member: _____

Address: _____ City/State: _____ Zip: _____
 (Optional)

Home Phone: _____ Work/Cell Phone: _____

E-mail address _____ Occupation: _____

Circle type(s) of Z-Car(s) owned: 240Z 260Z 280Z 280ZX 300ZX 350Z 370Z –
 Turbo / Twin Turbo/ 2+2/ Roadster

• Year: 1st _____ 2nd _____ 3rd _____ List additional on the back and

• Color: 1st _____ 2nd _____ 3rd _____ check here _____

• I bought my Z-Car from: _____

• I get my Z serviced at: _____

Membership options for new and existing members:

- 1-Year Family Membership: () \$20.00
- 2 Year Family Membership: () \$35.00

Fees for new members will be prorated based on the date of the application

I am interested in:

- | | | |
|--------------------------|--------------------------|-------------------|
| () Road Trips/Touring | () Autocross | () Social Events |
| () Hosting a Club Event | () Tech Sessions | () Rallying |
| () Pro Racing | () Car Restoration | () Customizing |
| | () Club Leadership Role | |

Referred by: _____

Waiver and Release from Liability

This form limits Indy Z Car Club's liability. Please read it thoroughly and sign below.

As a Member of the Indy Z Car Club's (IZCC), I am solely responsible for any damage or injury to third parties, or myself resulting from anything connected with IZCC Events/Activities.

I agree to fully indemnify and hold IZCC, its officers and representatives harmless for or in any claim, loss, damage, injury or liability that may be asserted against them by me or by any third party as a result of my activity.

The foregoing covenants of exculpation and indemnity are intended to be and are complete, general and without restriction and include but are not limited to negligence (active or passive) or willful, reckless or wanton activity.

I further agree that my car will be operated by a licensed driver and that the driver will comply with all applicable provisions of the Indiana Vehicle Laws.

I further warrant that I carry automobile liability insurance on the vehicle, meeting or exceeding all Indiana statutory requirements and that this insurance will be in force and effect for all IZCC Events/Activities in which I participate.

I will not participate in any Event/Activity under the influence of any alcoholic beverages or other drug or drugs that would impair my ability to perform at IZCC Events/Activities. This release will be active for all IZCC Events/Activities in which I participate.

Member Name (Printed)

Spouse/Significant Other (Printed)

Member Signature

Date

Spouse/Significant Other Signature

Date

Any questions please email Ellis Hines at indy350mojo@comcast.net.

Please make your check or money order payable to Indy Z-Car Club and mail it with this application and signed waiver to IZCC Treazurer:

***Indy Z-Car Club
Ellis Hines
9809 Northwind Dr
Indianapolis IN 46256***