



Calhoun County Fairgrounds Night of Destruction

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Pit Crew: _____

Division(s): TRUCK CAR VAN/SUV BUS/MOTORHOME/BOX TRUCK

Vehicle(s) Description: _____

Vehicle Number: _____

Complete the section above and return to the Fairgrounds Office with \$20 registration fee (per vehicle)
or mail to: CCAIS, 720 Fair Street, Marshall MI 49068

Do not sign below until the pre-night of destruction meeting in the presence of CCAIS staff

RELEASE OF LIABILITY

In consideration of accepting the entry, the registrant (driver) and crew, intending to be legally bound for themselves and their heirs, executors, and administrators, hereby waive and release any and all rights for any injuries and damages they may have against the Calhoun County Agricultural & Industrial Society (CCAIS), elected or appointed officials of the CCAIS, its employees, agents, successors, and assigns, for any and all injuries or damages arising out of the Night of Destruction.

Furthermore, the participant (driver) and crew hereby acknowledge that this event is inherently dangerous, and injuries are possible.

Signatures:

Driver: _____ Date: _____

Pit Crew: _____ Date: _____

Witness (CCAIS Designee): _____