

2021 PUSH TRUCK APPLICATION



Name (Last, First) _____
Address : _____
City, State, Zip Code _____
Telephone (Cell) _____ (Home) _____
E-Mail _____ Are you over 18 years of age? YES ____ NO ____
Driver's License number # _____ State _____

Push truck (2 pit passes per event) plus \$20 Cash/night

ALL DRIVERS MUST BE AT LEAST 18 YEARS OF AGE WITH A VALID DRIVERS LICENSE

I certify that all information I have provided in order to apply for and secure push truck or tow truck driver privileges is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any degree, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the Jackson Motorplex, whenever it is discovered.

I understand that the Motorplex management does not unlawfully discriminate on this application and is used for the purpose of limiting or excusing any applicant from consideration of push truck or tow truck driver privileges on the basis prohibited by applicable, state or federal law.

If I am given the applied privileges, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Motorplex management reserves the same right to terminate my privileges at any time, with or without just cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for privileges for any specified period of time. I understand that no supervisor or representative of the Motorplex is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Motorplex owner.

Jackson Motorplex and its management is not responsible for any damages that may occur to my personal property while on the grounds of the Jackson Motorplex. I hold them harmless from any and all claims that may occur.

I certify that I have read, fully understand and accept all the terms of the above statements and agree to follow all rules set forth by the Jackson Motorplex management.

Signature of Applicant: _____ Date: _____

Please return to the following in order to be added to the Comp. list for your free pit passes.

Jackson Motorplex, P.O. Box 143, Jackson, MN. 56143

Or email to: djohnson@jacksonmotorplex.com