



OWOSSO SPEEDWAY MEDIA ACCREDITATION APPLICATION FORM

EVENT DATE: _____

APPLICANT INFORMATION

- Full Name: _____
- Media Outlet: _____
- Job Title/Role: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____

MEDIA TYPE: _____

ASSIGNMENT DETAILS:

- Will you be covering the event live? ☐ Yes ☐ No
- Will your content be published/broadcasted? ☐ Yes ☐ No
- Intended Use of Coverage:

- Expected Publication/Broadcast Date: _____

EQUIPMENT TO BE USED:

LIABILITY WAIVER & AGREEMENT: I, the undersigned, acknowledge that Owosso Speedway and its affiliates are not responsible for any injury, loss, or damage to personal equipment while covering the event. I agree to follow all media guidelines set by Owosso Speedway and understand that failure to comply may result in revocation of my media credentials.

Signature: _____ **Date:** _____

SUBMISSION DETAILS:

- Completed applications must be submitted at least **7 days prior to the event.**
- Submit via email to **info@owosso Speedway.com** or in person at **Owosso Speedway.**
- Media credentials are approved on a case-by-case basis at the sole discretion of Owosso Speedway
- Any and all media credentials are subject to revocation prior to, or during event at the discretion of Owosso Speedway
- For questions, contact **Dennis Wheeler**

APPROVAL SECTION (For Official Use Only)

- Approved: [] Yes [] No
- Access Level Granted: _____
- Approved By: _____ Date: _____

Thank you for your interest in covering events at Owosso Speedway!