

ADULT 2017 ENTRY FORM

Check here if you are a
2017 ROOKIE

Driver's Name _____ Vehicle # _____

Transponder # _____ Rental? **Yes** _____ **No** _____

<input type="checkbox"/>	\$350	Limited Buggy	<input type="checkbox"/>	\$350	Full Stock
<input type="checkbox"/>	\$350	Pro Buggy Unlimited	<input type="checkbox"/>	\$350	Mini Stock
<input type="checkbox"/>	\$300	SR1	<input type="checkbox"/>	\$350	Open V8
<input type="checkbox"/>	\$300	UTV- Production 1000	<input type="checkbox"/>	\$350	Mini Mod
<input type="checkbox"/>	\$300	UTV- Turbo Production/Unlimited	<input type="checkbox"/>	\$350	Open Pro

Please Note: Prices are for 2 Rounds as all events feature double headers.

PLEASE PRINT CLEARLY! Thank you!

Driver's Information

NEW 2017 MEMBER **Yes** _____ **No** _____

Street Address _____

City, State, Zip _____

E-mail Address _____

Race Day Cell _____ DOB _____

Emergency Contact & Phone _____

Co-Rider's Info. Name _____ MEMBER? **Yes** _____ **No** _____

Street Address _____

City, State, Zip _____

E-mail Address _____

Race Day Cell _____ DOB _____

Emergency Contact & Phone _____



Practice Fee	\$50
Membership @ \$50	\$50
Entry Fee	\$
Co-Rider Membership @ \$50	\$
Co-Rider Entry @ \$40/day	\$
Transponder Rental @ \$40	\$
Bracket for Transponder @ \$10	\$
Credit Card 3% Fee	\$
Total Paid	\$

Initials: _____ Cash - CC

INDEMNITY AGREEMENT

EVENT NAME: **Lucas Oil Regional Series, Arizona- 2017 Season** EVENT DATES: **2017 Season**

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited, including but not limited to the competition area and any hot pit area), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees and represents that he/she has or will immediately upon entering any 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 will leave the RESTRICTED AREA prior to the event.
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning or administrative organizations or any affiliated entities thereof, track operations, track owners, officials, owners, drivers, pit crews, rescue personnel, and any persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners, lessors and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, brokers, 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 for each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as "Releases, 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 THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN THE DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASES and each of them FROM ANY LOSS, LIABILITY DAMAGE, OR COST INCLUDING BODILY INJURY OR PROPERTY DAMAGE they may incur arising out of my presence or participation in the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising Out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
5. 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.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreements extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and it intended to be as broad and inclusive as is permitted by the laws of the Province or State 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, FULLY 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 ALLOWED BY LAW.

DRIVER PRINT NAME:

_____ SIGN: _____

CO-RIDER PRINT NAME:

_____ SIGN: _____

Release of Medical Information

To any doctor, nurse, EMT, paramedic, ambulance company, air ambulance company, fire department, EMS agency, chiropractor, hospital, clinic, health insurer, physical therapist, government agency, insurer, employer or any other person, entity, firm, or organization having custody of medical records or medical information pertaining to me, the undersigned person.

I, the undersigned person, give my consent and authorize you to give, disclose and release, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of mental illness, and drug or alcohol abuse separately to the Lucas Oil Regional Off Road Racing Medical Director and/or his/her designee(s). I also consent and authorize you to discuss any medical information with the Lucas Oil Regional Off-Road Racing Medical Director.

I, the undersigned person, understand that this information may be used to determine my eligibility to race and for follow-up following any significant on-track or other incidents. I also understand that this information may be used by Lucas Oil Regional Off Road Racing to give status updates to the media when deemed appropriate.

You should interpret the terms "medical information" and "medical records" broadly to include records, reports, test reports or results, x-rays, lab test results, MRI and CT scans, EKGs, photos, etc.

Please consider a photo static copy of this authorization to release records to be as effective and valid as the original signed by me.

This release, and all authority to disclose information pertaining to me, shall expire two years from the date of the signature below, unless earlier revoked by me in writing.

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 132d and 45 CFR 160-164. Specifically, this release authority complies with the valid authorization requirements of 45 CFR 164.508 ©.

Dated: _____

Print Name _____

Legal Signature _____