

Track: _____ Date: _____



Name _____

Address _____

City _____ St _____ Zip _____

Emergency contact at track _____

Bike Number _____

Model _____

Color _____

Confidential Information for EMT/Paramedic:

Physical Allergies _____

Allergies to medications _____ SS#(Optional) _____

Current Medications taken _____ Blood type _____

Medical History: HIV ___ Seizures ___ Epilepsy ___ High B/P ___ Asthma ___ Diabetes ___

Any current medical condition not listed _____

*Health Ins. Information: _____

EMERGENCY CONTACT: _____ PHONE _____

Cornerspeed Riderschool/Track day Credit and Return Policy

-Cornerspeed Inc. reserves the right to change policy without notice. Cornerspeed have a credit policy only. Refunds are at our discretion. Cancellation policy: 30 days notice= 100% credit. Less than 14 days notice = 50% credit. Less than 7 days and no shows forfeit full amount. Credit dates are at our discretion. Events co-sponsored by another party are not available for credits. There is a \$50 returned check fee, and we will exercise all legal means to collect all fees.

-Cornerspeed Inc. has a **RAIN OR SHINE POLICY** meaning that we do not cancel events due to rain or wind.

-I further agree not to take legal action with respect to payment disputes.

-I hereby grant Cornerspeed Inc. and it's respective agents permission to use my image and/or likeness in connection with any photograph, video display, or other transmission or reproduction in whole or part of the event.

Cornerspeed Riderschool/Track day Waiver of Responsibility

I understand that riding a motorcycle is an inherently dangerous activity that could result in property damage, great bodily harm and even **DEATH**. I accept full responsibility for my actions and will hold neither Cornerspeed Riderschools (Cornerspeed Inc.), nor employees or associates, nor Virginia International Raceway, nor any participant, liable for situations resulting from my participation in this event. I agree to follow instructions given to me by the officials of Cornerspeed Riderschools and/or Virginia International Raceway. **In the event of a crash that impacts the air fence, I agree to pay PRE/Mike Ruhe/John Allen for all repairs and damages to the safety barriers.**

Consent for Disclosure of Confidential Information

I hereby consent to the disclosure of information from the patient healthcare records of the above rider to Cornerspeed Inc., or their representatives, for the purpose of their analysis and use. This consent is for the disclosure of all patient records whose confidentiality is protected by Federal laws, as defined in 45 CFR § 164.508 (HIPAA Aauthorization Requirements for Release of Protected Health Information), 42 CFR Part 2 (Federal Requirements of Release of Alcohol and/or Drug Abuse Program Records), 38 CFR Part 1 (Release of HIV/AIDS, Sickle Cell Anemia, Drug Abuse, Alcoholism or Alcohol Abuse records by the Department of Veteran Affairs), and Secs. 146.81 and 51.30, Wis Stats. These records include reports and findings relating to care evaluation, testing, history, progress, diagnosis, prognosis and treatment, including summaries, team conference reports, medical, surgical, pathological, psychiatric, psychological, pharmaceutical, school, vocational, social service and day service reports. I understand that information disclosed may include reference to or treatment for alcohol/drug abuse, HIV/AIDS and sickle scell anemia diagnoses, and/or emtional illness or developmental disabilities. Records of child or adolescent patients may include reference to parental emotional illness, including the treatment of alcohol and drug abuse. I understand that any HIV/AIDS, sickle cell anemia information, and/or alcohol abuse/treatment information records cannot be re-disclosed without my express written consent or as otherwise permitted by 42 CFR Part 2 or 38 CFR Part 1. A general authorization for the release of medical or other information is not sufficient for this purpose. I further agree that a Photostat copy of this consent shall be considered as effective and as valid as the original. It is my specific intention that this informed consent and request shall be effective for a period of two years or until completion of the purpose for which this consent was given, unless I specifically withdraw this consent in writing. I understand that I may revoke this autho-rization at any time, except to the extent that action has already been taken in reliance upon this authorization and release of medical records. I also understand that I have th right to refuse to sign this authorization and release of medical records. I understand I may inspect and receive a copy of the disclosed information. I have read all of the above and understand the nature of this release and certify that it accurately reflects my wishes.

***I hereby certify that I have valid medical insurance. Furthermore, I acknowledge that Emergency Services will charge \$500 per local transport and \$1,000 per long distance transport to any medical facility and I agree to pay these charges in the event I am transported by Emergency Services from the racing facility. I agree to pay all related medical emergency charges associated with transport including Life Flight if deemed necessary.**

I have read this waiver and agree to all parts, witnessed by my signature below:

Signature _____ Date _____

RIDER: DO NOT FILL OUT THIS AREA

CHECKLIST FOR TECH OFFICIALS

SAFETY WIRE/SILICONE:

OIL FILL ___ OIL DRAIN___ OIL FILTER ___

TAPE:

HEADLIGHT _____ SIGNALS _____

TAILLIGHT (NO CLEAR TAPE) _____

MIRRORS REMOVED _____

KICKSTAND REMOVED OR SECURED _____

TIRES (NEW OR EXCELLENT) _____

BIKE IS 100% LIQUID TIGHT _____

RACE GROUP: BIKE HAS BELLYPAN _____

**VISUAL INSPECTION THAT ANTI-FREEZE IS
REMOVED _____**

**RIDER: I CERTIFY THAT MY BIKE DOES NOT CONTAIN ANTI-FREEZE THAT
IS GLYCOL-BASED, AND IF I USED ANTI-FREEZE IT IS RACE APPROVED.**

**BY SIGNING BELOW YOU ARE SUBJECT TO FINES AND PENALTIES LEVIED BY THE TRACK AND/OR
SANCTIONED ORGANIZATION IF THE COOLANT IS NOT RACE APPROVED.**

Signature _____

