

**VEHICLE TECH INSPECTION SHEET: BIKE # \_\_\_\_\_**

Owner/Rider: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Type/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

	PASS	FAIL		PASS	FAIL
Bodywork Secure			Brake Lever/Pedal firm		
Leaks-fuel/oil/water			Master Cyl full/clean fluid		
Throttle travel/return			Video/timing equipment secure		
Exhaust system condition			Chain adjusted		
Lights taped/removed			Tire condition/pressure		
Mirrors taped/removed			Back Protector		
Leathers/gloves/boots			Helmet (M 2000 or >)		
Suspension/bearings no looseness			Brake pads		

**RESPONSIBILITY STATEMENT**

This is not a race or competitive event. It is a high speed performance riding experience, on a racetrack. While the overriding consideration during the operation of the event is safety, incidents may occur that could cause vehicle damage and/or personal injury. You will be riding in a session with other riders whose vehicles may be uninsured and/or unregistered. You are totally responsible for the safe operation and safe mechanical condition of your vehicle. Palatov Motorsport, LLC, staff, and facility providers assume no responsibility in the event of an accident, of any kind, in the course of this event. If this is of concern to you we recommend that you contact your own personal insurance carrier for advice to determine what coverage would be in effect during this event. Submission of this application is your acknowledgment of the above and agreement to attend under these conditions.

I hereby certify that my vehicle specified on the technical inspection checklist form that I have provided at registration, has been carefully examined by a qualified individual and that all the items specified on the technical inspection checklist have been inspected. I understand that the safe condition and operation of the vehicle specified on my technical inspection checklist form is entirely my responsibility as well as any problems, malfunctions, or damage that occur in connection with the operation of the specified vehicle prior to, during, and subsequent to the Performance Riding Experience.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ At Event? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical conditions EMT support staff should be aware of? \_\_\_\_\_

STAFF INITIAL: \_\_\_\_\_