

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

Owner/Driver: \_\_\_\_\_

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

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

	PASS	FAIL		PASS	FAIL
Belts/hoses/wiring			Brake Pedal firm		
Leaks-fuel/oil/water			Master Cyl full/clean fluid		
Throttle travel/return			Video/timing equipment secure		
Exhaust system condition			Wheel bearings		
Battery secure			Hubcaps removed		
Lug bolts torqued			Tire condition/pressure		
Brake Lights			Wheel condition		
Remove all loose items			Helmet (Snell SA, M 2000 or >)		
Seat belts			Steering wheel play		
Spare tire secure or removed			Brake pads		

**RESPONSIBILITY STATEMENT**

This is not a race or competitive event. It is a high speed performance driving 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 driving in a session with other drivers 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 Driving Experience.

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

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

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

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

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

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

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