



DECEMBER 11, 2015 REGISTRATION FORM

FIRST NAME _____ LAST NAME _____

E-MAIL _____ DOB _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # (H) _____ (C) _____

EMERGENCY CONTACT NAME _____ RELATION TO RIDER: _____

EMERGENCY PHONE _____

SELECT GROUP (circle one) Novice (N) Intermediate (I) Advanced (A)

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I hereby consent to the disclosure of information from the patient health care records of the above driver to Chuckwalla Valley Raceway, LLC, or their representatives, for the purpose of their analysis and use. This consent is for the disclosure of all patient health care records whose confidentiality is protected by Federal laws, as defined in 45 CFR § 164.508 (HIPAA Authorization Requirements for Release of Protected Health Information), 42 CFR Part 2 (Federal Requirements for 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 cell anemia diagnoses, and/or emotional illness or developmental disabilities. Records of child and 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 authorization 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 the 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.

There is a \$75 returned check fee and a \$75 fee for credit card charge backs. CHUCKWALLA VALLEY RACEWAY, LLC reserves the right to exercise every legal means possible to collect. In the event that CHUCKWALLA VALLEY RACEWAY, LLC is forced to take legal action to collect fees that are due to CHUCKWALLA VALLEY RACEWAY, LLC, YOU, the CUSTOMER agrees to be responsible for any and all legal fees and costs necessary to collect deposits, fees and monies arising out of returned checks, credit card charge backs and unpaid fees. YOU, the CUSTOMER covenants not to sue CHUCKWALLA VALLEY RACEWAY, LLC and further agrees not to take legal action with respect to payment disputes. YOU, the CUSTOMER grant CHUCKWALLA VALLEY RACEWAY, LLC and its agent's permission to use DRIVER'S image and/or likeness in connection with any photograph, video display, or other transmission and/or reproduction in whole or part of the event. WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE.

By signing below, I am verifying that I understand and agree to the terms set forth herein, and further, that I have read and signed the Chuckwalla Valley Raceway, LLC "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement".

Signature _____ Date _____

By signing below, I hereby certify that I have valid medical insurance.

Signature _____ Date _____

1 Complimentary Event T-Shirt for each registered rider by November 27th.

Size: S M L XL (circle choice)

Extra Shirts \$20 each S # M # L # XL # T-Shirt Total: \$ _____

Rider Registration Fee: \$165.00

Select Additional Experiences: ___ Video Instruction (+\$40) ___ 2-Up Ride (+\$40) ___ Suspension Set-Up (+\$40)

(make checks payable to "Chuckwalla Valley Raceway, LLC)

TOTAL: \$ _____

CASH _____ CHECK# _____ C.CARD # _____ (Visa/MC/Discover/AmEx)

C.CARD EXP _____ 3-DIGIT CV# _____ BILLING ZIP CODE _____