



## DECEMBER 15, 2017 - 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 RIDER'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 \_\_\_\_\_

### **\$175 Rider Registration includes:**

**1 Complimentary Event T-Shirt for each registered rider by November 17th.**

**Size: S M L XL (circle choice)**

**1 Complimentary Dinner Ticket for each registered rider**

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

~ Additional Dinner Tickets for any family or friends. \$25 each # \_\_\_\_\_

~ Prepay Raffle tickets \$5 each # \_\_\_\_\_

(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 \_\_\_\_\_

[www.GoRaceCVR.com](http://www.GoRaceCVR.com)

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