

U-DRIFT Registration

Legal Name of the Holder of This U-Drift Rule-book: _____

Legal home street address: _____

City, State, and Zip code: _____, _____, _____

Age in whole years today: _____

Year, Month, and Day of Birth: ____ - ____ - ____

Home email: _____

Cell phone email: _____

Cell phone #: ____ - ____ - ____

Emergency contact phone #: ____ - ____ - ____

Medical Conditions For Which Skid-Pad Staff Should Know if you are injured/unconscious:

Medication:

Allergies:

Current Public Road Driver's License (state, expiration date, License Number)

_____, _____, _____

Public traffic violations in the past 7 years:

Current vehicular insurance policy (Yes/No): _____

If Yes, issued by _____ Insurance Company

Medical, Liability, Collision, Other coverages (*circle all that you have in effect*)

I agree/disagree (*circle one choice, scratch through the other option*) to read, understand, and abide by the rules set forth in the U-DRIFT rule-book.

I agree/disagree (*circle one choice, scratch through the other option*) that I may be photographed/filmed or otherwise recorded while at U-DRIFT.

I agree/disagree (*circle one choice, scratch through the other option*) to release and relinquish all rights to all pictures/video/audio taken of myself and/or car to U-DRIFT at their discretion.

I agree/disagree (*circle one choice, scratch through the other option*) that I have experience with performance driving.

I agree/disagree (*circle one choice, scratch through the other option*) that I am a novice driver.

I agree/disagree (*circle one choice, scratch through the other option*) that I can and will operate my vehicle safely while on U-DRIFT property.

Signed above by (*print name here:*) _____

Signed on date: (YY/MM/DD): _____ / _____ / _____