

JENNINGS GP

NORTH FLORIDA

 **NOTE: Form must be filled out completely and legibly.**

NAME: _____ PHONE: (____) _____ DATE: _____

STREET: _____ CITY: _____ STATE: _____

ZIP CODE: _____ D.O.B. _____ E-Mail: _____

EMERGENCY CONTACT PERSON: _____ PHONE: (____) _____

Check one level of participation:

EXPERT

INTERMEDIATE

NOVICE

TECHNICAL CHECK LIST – CHECK EACH ITEM:

Personal Protective Equipment: Back Protector: Fire Extinguisher: Drinks: Helmet:

Full leathers: Boots: Gloves:

MACHINE CHECK LIST:

- 1.) No fluid leaks:
- 2.) Safe ground clearance:
- 3.) Taped Glass:
- 4.) Oil Plug, oil filter, & fluid drain plugs secured:
- 5.) Fluid caps secured:
- 6.) Tires in good condition and pressure checked:
- 7.) Brakes in good condition:
- 8.) All nuts, bolts, and fasteners secure:
- 9.) Engine kill switch operative:
- 10.) Noise limited to 104db 48” off side of front straight at full throttle:

Release:

“By my signature, at the bottom of this entry form, I release North Florida Motorsports Park, Palm Valley Racing, It’s officers, employees, members, promoters, officials, competitors, safety personal, all driving and racing schools, driving and racing instructors, driving and racing school employees and visitors, from any and all liability of any damages to include but not limited to: my equipment, my person, my crew and further agree not to sue anyone for any loss or injury and realize and accept the risks involved in motor sports which may include but not limited to personal injury or death.”
“By my signature, at the bottom of this entry form, I realize that motorsports and motorsports facilities are dangerous and willfully enter knowing this.”

Signature: _____ Date Signed: _____