

**BMW CCA, Los Angeles Chapter
INSTRUCTOR / KEY WORKER TECH INSPECTION FORM**

All highlighted portions must be completed.

Event Venue

Event Date(s) include all dates

This inspection form is to be completed by a qualified mechanic (self inspection ONLY ALLOWED **IF** instructor/worker is qualified), to indicate and certify the inspection result for all of the items on the checklist. **No** vehicle will be allowed on the track without a completed tech form and/or without numbers on the vehicle.

Name _____ **Make/Model** _____

Pass	Fail	Item Inspected	If "Fail", indicate why.
P	F	Engine & transmission	
P	F	Belts & hoses	
P	F	Intake & exhaust systems	
P	F	Suspension components	
P	F	Wheels, tires and wheel bearings	
P	F	Brake rotors, pads & fluid	
P	F	Driver & passenger seats & seatbelts	
P	F	Brake lights and flashers	

INSPECTED BY (Mechanic or Other Qualified Person):	
_____	_____
<i>Printed Name</i>	<i>Signature</i>
_____	Shop Stamp
<i>Date</i>	

STATEMENT OF RESPONSIBILITY and HELMET WAIVER

I hereby certify that the vehicle specified above 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 event.

I further acknowledge that the inspection of my personal helmet by the Los Angeles Chapter, BMW CCA, Inc., is for the sole purpose of determining whether my helmet has met the minimum standards of the Snell Memorial Foundation of the US Dept. of Transportation and that it appears, from this casual inspection, to be capable of meeting those standards at the present time. I acknowledge that the Club is making no guarantee for fitness for use in "passing" my helmet, and that I am relying solely on my own judgment in using the helmet in a Club event.

I release, acquit and forever discharge the Club, the BMW Car Club of America, Inc., its officers, members, chapters, employees, lessors, associates, successors or assignees, from any and all liability, claims, demands or causes which may arise from my wearing of the inspected helmet, or from my attendance at a Club event, or from any injury sustained by me, whether or not due to their negligence.

I represent that I am over the age of 18, that I understand that I am participating in a dangerous event, and that my helmet has not previously been worn in a collision or struck by a hard object.

Instructor or Key Worker Signature

Date

EMERGENCY CONTACT INFORMATION

While it is highly unlikely that we will need this information, we would rather have it now than have to worry about it in an emergency. In addition to the information below, the back of your name tag will have space to write in a brief medical history, if you so wish. If your emergency contact person is at this event with you, please write "At Event" in the space for a secondary phone number.

Emergency Contact Person's Name

Relationship

Phone # (primary)

Phone # (secondary)

KEY WORKER / STAFF DRIVING EXPERIENCE AND SOLO SIGN OFF

Instructors – Please skip this page.

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Please complete this form if you plan on driving on the track (other than corner worker transport) during this Driving School. Ask any group leader to assign an available instructor to you so that you can be issued a sign-off sticker. You may not be alone on the track during run sessions without a sign-off sticker. You may not take passengers on the track (except an instructor). You may not be on the track during your assigned work sessions. You **MUST** follow all the rules - include passing zone designations - that apply to the group you are joining on the track. Staff and Key Workers are limited to one track session a day unless additional sessions are approved by the Key Worker Coordinator AND a Chief Instructor. Please pick a run group that is suited to your driving level.

NAME

DATE

SIGNATURE

CAR NUMBER

VEHICLE YEAR

MAKE/MODEL

COLOR

Driving Experience

NUMBER OF SCHOOLS ATTENDED AS STUDENT

APPROXIMATE DATES OF LAST 3 ATTENDED

ADDITIONAL EXPERIENCE / COMPETITION LICENSES HELD

Please Do Not Write Below This Line



Sign Off Instructor: _____

Driving School Coordinator or Track Steward: _____
Signature
Date