



HOD Event Registration Form

Event Date _____

Event Location _____

Driver Information

Driver Name: _____

Address _____

City _____ State _____ ZIP _____

Home Phone () _____

Work / Cell Phone () _____

Billing Information: **Fee Amount \$** _____

If using a Credit or Gift Code: # _____

Payment Type: Cash Check # _____

Visa MC AMEX Exp. Date: _____ CCV Code: _____

Card # _____

Name as appears on Credit Card _____

Billing Phone (if different) () _____

Email _____

Car Information

Make _____ Year _____

Model _____

Color _____

Driver Profile (track experience) _____

Run Goup Level (Please select one)

- A-Beginner
- B-Intermediate
- C-Advanced
- D-Race Prepped Car or Comp. Licensed Driver

Is this your first event with HOD? Yes No

Emergency Contact Information

Contact Full Name _____ Relationship to Driver _____

Home Phone () _____ Other Phone () _____

Agreement:

Please check the box to indicate that you confirm and agree with the release statements listed below
 I am aware that driving or riding in an automobile on a racetrack, is a hazardous activity involving a high-degree of risk of serious injury or death as well as possible damage to my vehicle.
 I am voluntarily participating in such activities with knowledge of the danger involved and hereby agree to assume any and all risks of injury or death resulting from this activity.
 I hereby release Hooked On Driving, LLC, its officers, members, workers, sponsors, participants, car owners, any of the officials thereof, and all other persons (hereinafter "RELEASEES"), from any and all liability to me or to my personal representatives, heirs, next of kin and assigns, for any and all loss or damage on account of any injury to my person or property or resulting in my death arising out of or related in any way from presence at the activity. This GENERAL RELEASE expressly releases RELEASEES, from injuries and damages that are caused by negligence (whether active or passive, ordinary or gross), or otherwise.
 This RELEASE is intended to be as broad and inclusive as permitted under California law. If any portion of this RELEASE is held invalid, it is agreed that the balance of the RELEASE shall continue in force and effect.

I HAVE CAREFULLY READ THE ABOVE RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREE TO IT OF MY OWN FREE WILL.

Driver Signature: _____

Please fax this registration form to the HOD region of your event.
You can find this information at <http://www.hookedondriving.com/Info/contact-us>