

# MOTORCYCLE Self Tech Inspection and Waiver

On the date of (Date) \_\_\_\_\_

I (Rider's Name) \_\_\_\_\_ accept and understand that I am participating in a high performance driving/riding event with Shift-S3ctor.

I (Rider's Name) \_\_\_\_\_ accept and understand that I am a licensed and insured Rider and I am comfortable driving/riding at speeds potentially exceeding 100+ MPH on a closed course.

I (Rider's Name) \_\_\_\_\_ accept and understand that this is a high performance driving/riding event that may result in PERSONAL INJURY OR DEATH to myself or others.

I (Rider's Name) \_\_\_\_\_ accept and understand that I will be LIABLE and RESPONSIBLE for ANY DAMAGE I cause to the property and may be REQUIRED TO PAY any and all costs of repair.

I (Rider's Name) \_\_\_\_\_ accept and understand that I ASSUME MY OWN RISK and WAIVE MY RIGHT TO SUE Shift-S3ctor, Revvolution, Revvolution Shift-S3ctor LLC, Board of Aviation Commissioners for the Marion Municipal Airport - Indiana, the City of Marion - Indiana, as well as any and all affiliates thereof including, but not limited to, venue owners and operators, sponsors, media, other third parties regardless of role or capacity, as well as any agents, employees, or representatives thereof, from any and all liability, claims, losses, demands, damages, costs and expenses, including attorney's fees, arising out of or resulting from injury to my own person or damage to my own property, including that caused by negligence, which may arise during my participation in this event.

Signed in good faith: (Rider's Name) \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ **Rider's Vehicle**  
Model: \_\_\_\_\_

Color: \_\_\_\_\_ Horsepower (crank): \_\_\_\_\_

By self-inspecting your vehicle, you are agreeing to be liable for your own vehicle. Everything must be checked in order to protect the safety of yourself, your vehicle, as well as the safety of others. Accidents can happen quickly. Lug nuts and brakes should be checked before and after every run. If it is determined that the cause of an accident was based upon the negligence of your vehicle inspection, you will be removed from the event and will face potential consequences. Once you have finished inspecting your vehicle, after you have completely checked each and every item on this form in good faith, it is necessary to print and sign at the bottom of this page. You must bring this form to the event with you on the day of the event. If you do not, you must do another full inspection on the morning of the event and could miss important information and run time. Be safe and thank you for your assistance in the smooth and safe running of this event. This form must be filled out within 48 hours of the event.

**Place a check once a box is true and inspected, write NO if it is not true:**

### Engine:

Battery is secured- Terminals Covered |\_\_\_\_\_|  
Throttle return spring is tight |\_\_\_\_\_|  
No fluid leaks |\_\_\_\_\_|  
Lanyard-style kill switch (if going 180+mph) |\_\_\_\_\_|  
Crankcase breather hoses ran into catch/can  
airbox |\_\_\_\_\_|  
Drive chains master clip safety wire/silicone  
And metal chain guard (if going 180+mph) |\_\_\_\_\_|

### Wheels/Tires:

All lug nuts are tight/torqued |\_\_\_\_\_|  
Sufficient tread (more than 2/32's) |\_\_\_\_\_|  
Good condition (no tears/cords showing) |\_\_\_\_\_|  
No severe cracks in spokes |\_\_\_\_\_|  
Tires rated for top speed of motorcycle |\_\_\_\_\_|

### Safety:

Approved full-face helmet (Snell2005+) |\_\_\_\_\_|  
Full leather racing suit |\_\_\_\_\_|  
Racing boots cover above ankle |\_\_\_\_\_|  
Leather gloves with no openings/tears |\_\_\_\_\_|

### Suspension:

Wheel hubs and bearings have no play |\_\_\_\_\_|  
Spring and shock bolts are tight |\_\_\_\_\_|  
Steering Stabilizer (if going 180+mph) |\_\_\_\_\_|  
No unusual steering play |\_\_\_\_\_|

### Brakes

Tail lights work correctly |\_\_\_\_\_|  
Lines secured |\_\_\_\_\_|  
Rotors good shape - not cracked or warped |\_\_\_\_\_|  
No leaks |\_\_\_\_\_|  
Pads more than 5mm left |\_\_\_\_\_|

### Body

Body Panels secured |\_\_\_\_\_|  
Gas cap secured |\_\_\_\_\_|

I agree, in good faith, to the above information and that it is accurate and correct.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) Relationship Phone Number