

**PORSCHE CLUB OF AMERICA  
PEACHSTATE REGION, INC.**

**MEDICAL FORM**

**THIS FORM MUST BE COMPLETED AND BROUGHT TO THE TRACK**

**DRIVER**

Name \_\_\_\_\_ Age \_\_\_\_\_

While at this Event - In Emergency Notify \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ At Track Y N

Current Medications \_\_\_\_\_ Drug Allergies \_\_\_\_\_

List Any Special Conditions \_\_\_\_\_

Blood Type \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

Personal Physician \_\_\_\_\_ (Office#) \_\_\_\_\_

CIRCLE - YES OR NO

Y N CONTACTS

Y N DENTURES

Y N ASTHMATIC

Y N DIABETIC

Y N EPILEPTIC

Y N HEMOPHILIAC

Please list Medical Training or Ratings: \_\_\_\_\_

**HELMET RELEASE**

I acknowledge that the inspection of my helmet by members of the Porsche Club of America, Peachstate Region, Inc. is for the sole purpose of determining whether my helmet has met the minimum standards of the Snell Memorial Foundation and that it appears from a casual inspection to be capable of meeting those standards at the present time. I acknowledge that the Club is not making a guarantee of fitness for use in "passing" my helmet, and that I am relying solely on my own judgement in using the helmet in a Club event. I release, acquit and forever discharge the Porsche Club of America, Peachstate Region, Inc. and their officers, agents, and officials from any and all liability, claims, demands, or causes which may arise from my wearing the inspected helmet, 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 18 years of age, that I understand that I am participating in a potentially dangerous event and that my helmet has not previously been worn in a collision or struck by a hard object.

**INSURANCE/DRIVER'S LICENSE**

As a condition of my participation in this Driver's School, I agree that I will be responsible for myself and my vehicle at all times, and I hereby release the Porsche Club of America, Peachstate Region, Inc. and their officers, agents, and officials from any claim, liability, cost or expense arising from my attendance at this school. I further agree that the vehicle used during this event will be operated only by a fully licensed driver over the age of 18, and that the said vehicle will be fully covered by liability and property damage insurance in full force and effect during the school.

Name : \_\_\_\_\_

Driver's License Number : \_\_\_\_\_ State: \_\_\_\_\_

Insurance Company : \_\_\_\_\_

Policy # : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_