

2017 Mary Hill Hillclimb Entry Form Sept. 16th and 17th

(Prior to registering, all sanctioned NHA events require current NHA Membership to compete)

(Please print legibly)

Driver #1

Name _____ Home Phone # (____) _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____
 E-mail _____ Cell/Mobile Phone # (____) _____
 Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____
 Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name _____ Phone # (____) _____

Will he or she be on site? (Yes / No)

Relation: _____ (Alternate Phone): _____

Address: _____

Prescription Medications: _____

Special Medical Conditions _____

Insurance Information Carrier: _____ ID Number: _____ Group: _____

Subscriber: _____

Mark Yes or No for each condition

| | Yes | No | | Yes | No | | Yes | No |
|------------------------|-----|----|-----------------|-----|----|------------------|-----|----|
| Asthmatic | | | Hemophiliac | | | Hearing Impaired | | |
| Hypertension | | | Contacts | | | Dentures | | |
| Diabetic | | | Pregnant | | | Epileptic | | |
| Allergies - Penicillin | | | Other Allergies | | | | | |

Car Information

Make _____ Model _____ Year _____ Color _____

Engine Displacement _____ Turbo or Supercharger (yes / no) NHA Class _____

We are always looking for volunteers. They are the unsung hero's that allow the driver to do what he or she loves to do. If you know someone (family, friend, or crew) that would be willing to work. Please fill out volunteer form the day of the event.

Driver #2

Name _____ Home Phone # (____) _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Driver's License's # _____ State _____ Blood Type _____ Date of last Tetanus _____
 E-mail _____ Cell/Mobile Phone # (____) _____
 Club affiliation _____ Requested Car # 1st choice _____ 2nd choice _____
 Competition Experience _____

Please fill out the following to better help our EMT's do their job should they need to help you!

In case of emergency, notify:

Name _____ Phone # (____) _____

Will he or she be on site? (Yes / No)

Relation: _____ (Alternate Phone): _____

Address: _____

Prescription Medications: _____

Special Medical Conditions _____

Carrier: _____ ID Number: _____ Group: _____

Subscriber: _____

| | Yes | No | | Yes | No | | Yes | No |
|------------------------|-----|----|-----------------|-----|----|------------------|-----|----|
| Asthmatic | | | Hemophiliac | | | Hearing Impaired | | |
| Hypertension | | | Contacts | | | Dentures | | |
| Diabetic | | | Pregnant | | | Epileptic | | |
| Allergies - Penicillin | | | Other Allergies | | | | | |

Entry Fee Schedule (all monies U.S.)

Entry - No. of drivers ___ @ \$135.00 ea. (\$155 ea. if postmarked after Sept. 2nd.) \$ _____

T-Shirts (Qty. ea. size) ___ Med ___ Lg ___ XL @ \$17.00 ea.
___ XXL ___ XXXL @ \$19.00 \$ _____

Sweat Shirts (Qty. ea. Size) ___ Med ___ Lg ___ XL @ \$25.00ea
___ XXL ___ XXXL @ \$28.00 \$ _____

BBQ Dinner (Saturday night) no. of people @ \$12.00 ea. \$ _____

TOTAL \$ _____

There is food Saturday Night Dinner working on lunch food.
There is no water on hill site.

Driver #1

Name _____

Driver #2

Name _____

Drivers must read, sign, and date

___ I hereby affirm that I have a valid drivers license and that I am of legal age (18 years) or older.

___ I currently hold a valid driver's license.

___ I agree to abide by all of the rules and regulations governing this event.

___ I further agree to use the course of this event at my own risk, and do hereby release,

Discharge, and hold harmless the Willamette Motor Club, Inc., together with its
Assignees, officers, agents, employees, officials, and their successors, from all liability
For personal injury that may be received by this entrant, and from all claims and demands
To personal property growing out of, resulting from, or caused by this event, and
Construction or condition of the course over which this event is held.

___ I have read all of the above, all attached and/or posted rules and regulations governing
This event, and agree to the terms therein.

___ Refunds at the discretion of the Event Chairman and are final. Submitted requests will be processed after the event.

___ An approved NHA 2017 decal is required for each side of the car. If you did not receive them when you became a current
NHA member, you can see Brenda Kipperman, Secretary/Treasurer for NHA at the site to receive them.

Driver #1 Signature _____ Date _____

Driver #2 Signature _____ Date _____

Make checks payable to: WMClub

Send completed entry form and check to: Deb Riedel

PO BOX 462

Scappoose, OR 97058

For more information see our website (www.wmclub.org) or contact Debi Riedel at riedel21@comcast.net