



ENTRY FORM

VENUE: Road America Race Track
 Elkhart Lake, WI
 DATE: May 1-2, 2010

ENTRANT: _____ DR. LIC. NO: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____ BIRTHDATE: _____ PHONE: _____

PASSENGER: _____ DR. LIC. NO: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 EMAIL: _____ BIRTHDATE: _____ PHONE: _____

DESCRIPTION OF CAR

Make: _____ Model: _____ Year: _____ Color: _____
 Engine Displacement: _____ cid Nitrous – Y/N _____ shot
 Turbocharger - Y/N _____ size Supercharger - Y/N _____ size

TIRES

Brand: _____ Size (front): _____ Size (rear): _____
 Age of tires: _____ Tread Wear Rating: _____

Please email completed entry and medical forms to:
FM3 Performance Marketing, Inc.
 1369 Port Washington Road, Suite 346
 Grafton, WI 53024
faceoff@fm3marketing.com

Hotel Information:
Siebkens Resort
 284 S. Lake Street
 Elkhart Lake, WI 53020
 920-876-2600
www.siebkens.com

Original or electronic signatures required.

Official use only

Car #: _____

Completed medical form - Y/N

Vehicle Information

Driver Name:

Vehicle Name (if any):

Vehicle Make and Year:

Engine Make and Size:

Induction, Cylinder Heads:

Horsepower:

Transmission:

Exhaust:

Tires:

Wheels:

Brakes:

Suspension:

Paint:

Major Modifications:

Sponsors:

The commentators will use the information on this sheet for commentary over the PA system.

DISCLAIMER
ACKNOWLEDGMENT AND ASSUMPTION OF RISK

REGISTERED OWNER

For Registered Owner (legal owner of vehicle)

I being the registered owner/s of the vehicle described on this Entry Form (the "Vehicle") wish to enter that Vehicle for the OPTIMA® Street Car Faceoff (the "Event").

For Drivers and Passengers

I being the Driver and/or Passenger, certify that the particulars on this form are true and correct in every particular, to the best of my knowledge and belief. I declare that I have read and understood the Official Rules issued for the Event, and agree to be bound by them.

In exchange for being able to attend or participate in the Event (including entering the Event), I fully acknowledge and agree:

- That participating in the Event is an activity which has its own unique risks and that serious injury or death could result from operating or riding in the Vehicle during the Event through no fault of my own. **I EXPRESSLY AGREE TO ASSUME THE ENTIRE RISK OF ANY ACCIDENTS OR PERSONAL INJURY, INCLUDING DEATH, WHICH I MIGHT SUFFER AS A RESULT OF MY PARTICIPATION IN THE EVENT.**
- If I am the Driver of the Vehicle, I possess the skill, knowledge, confidence, and experience on the Vehicle to operate the Vehicle in a safe manner, and I hold a current valid driver's license in the state in which I reside.
- I am not under the influence of alcohol, drugs, other illegal substances, or any medications at this time, which may impair my judgement or ability to operate or ride in the Vehicle. I agree that I will not operate or ride in the Vehicle while under the influence of alcohol, drugs, other illegal substances or such medications.
- I have examined the Vehicle and have been given an opportunity to ask questions regarding the Event track and rules of participation. I am satisfied that the Vehicle is in good operable condition and that I fully understand how to drive or ride in the Vehicle at the Event.
- If I am the Owner of the Vehicle, I agree to personally confirm that the Driver and Passenger have signed and agreed to the terms of the **Driver/Passenger Release of Liability** and the **Acknowledgement and Assumption of Risk** before I allow them to participate in the Event.
- To release FM3 Performance Marketing, Inc., Johnson Controls, Inc., Johnson Controls Battery Group, Inc. and affiliated entities, OPTIMA® Batteries, promoters, sponsor organizations, land owners and lessees, organizers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) (collectively, "harm") howsoever arising from my participation in or attendance at the event, except to the extent prohibited by law;
- That the Associated Entities do not make any warranty, implied or express, that the Event will be provided with due care and skill or that any materials provided in connection with the Event will be fit for the purpose for which they are supplied; and
- To attend or participate in the Event at my own risk.

I further acknowledge that:

- The risks associated with attending or participating in the Event include the risk that I may suffer harm as a result of:
- Motor vehicles (or parts of them) colliding with other motor vehicles, persons or property;
- Acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and
- The failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event.

Official use only

Car #: _____

Completed medical form - Y/N

- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I agree that:

- I will be responsible for any damage, property or otherwise, caused by this vehicle entry.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the event and being provided with the event services by the Associated Entities.

Signature: _____ Date: _____

CIRCLE APPLICABLE ONE: (Registered Owner) / (Driver) / (Passenger)

Print Name: _____

Witness: _____

Date _____

Print Name: _____

DRIVER/PASSENGER RELEASE OF LIABILITY

I, the undersigned, on my behalf and on behalf of my heirs, personal representatives, successors and assigns (collectively "Heirs and Assigns"), in consideration of the permission to participate in the OPTIMA® Street Car Faceoff (the "Event"), as a Driver or as a Passenger of the vehicle entered into the Event (the "Vehicle"), **RELEASE AND DISCHARGE** FM3 Performance Marketing, Inc., Johnson Controls, Inc., Johnson Controls Battery Group, Inc., OPTIMA® Batteries, and each of their respective affiliates, subsidiaries, officers, directors, employees, dealers, distributors and agents (the "Released Parties") from **ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION ("Claims") OF ANY KIND WHATSOEVER, INCLUDING DEATH, PERSONAL INJURY (INCLUDING BURNS), PSYCHOLOGICAL TRAUMA, LOSS OR DAMAGE (INCLUDING PROPERTY DAMAGE), WHICH I OR ANY OF MY HEIRS AND ASSIGNS NOW HAVE OR LATER MAY HAVE AGAINST ANY RELEASED PARTY RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN THE EVENT OR ANY USE BY ANY PERSON OF THE VEHICLE IN THE EVENT, REGARDLESS OF WHETHER SUCH CLAIMS RELATE TO THE CONDITION, REPAIR, OPERATION OR MAINTENANCE OF THE EVENT OR THE CONDITIONS UNDER WHICH THE EVENT IS HELD.**

I acknowledge and understand that this Release **EXTENDS TO AND RELEASES AND DISCHARGES ANY AND ALL CLAIMS** I or any of my Heirs and Assigns have or may have against the Released Parties arising out of my participation in the Event or any use by any person of the Vehicle in the Event, including without limitation all such Claims resulting from the **NEGLIGENCE** of any Released Party or arising from **STRICT LIABILITY** or resulting from any **BREACH OF ANY EXPRESS OR IMPLIED WARRANTY** by any Released Party, and regardless of whether such Claims now exist or hereafter arise or are known or unknown, contingent or absolute, liquidated or unliquidated or foreseen or unforeseen or arise by operation of law or otherwise.

I acknowledge and understand that by signing this Release I and my Heirs and Assigns **AGREE NOT TO SUE** any or all of the Released Parties for any injury or death to myself, my property, any other person or such person's property resulting from or arising out of my participation in the Event or any use by any person of the Vehicle in the Event.

I acknowledge that I have been advised of and agree to waive on my behalf and on behalf of my Heirs and Assigns, and fully understand the effect of such waiver, all benefits flowing from any statute where the Event is held or the statute of any other state which would otherwise limit the scope of this Release.

By signing this Release, I certify that I have read this Release and fully understand it, that I am not relying on any statements or representations of any of the Released Parties and that I have been given the opportunity and sufficient time to read and ask questions regarding this Release. I further certify that I will not operate the Vehicle nor ride as a passenger on the Vehicle if I am, or if the operator of the Vehicle is, under the influence of drugs, alcohol or any other substance known to impair driving ability.

To the extent that the scope of this Release is unenforceable in any jurisdiction, such scope will, as to such jurisdiction only, be automatically limited to the extent necessary to make this Release enforceable in such jurisdiction, without invalidating any other portion of this Release.

THIS IS A RELEASE OF LIABILITY. READ BEFORE SIGNING.

Signed _____ Date _____

CIRCLE APPLICABLE ONE: (Driver) / (Passenger)

Print Name: _____

Witness: _____

Date: _____

Print Name: _____

MEDICAL INFORMATION FORM (DRIVER)

MUST BE COMPLETED BY ALL DRIVERS

Driver Name: _____

In the event of an accident the following information is important. Please complete the following:

HEALTH HISTORY

YES	NO	YES	NO	YES	NO
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()
()	()	()	()	()	()

If the answer to any of the above is YES, explain: _____

PARTICIPANT: Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

Blood Type: _____ Drug Sensitivities: _____

	<u>NORMAL</u>	<u>ABNORMAL</u>		<u>NORMAL</u>	<u>ABNORMAL</u>
Vision	_____	_____	Heart Condition	_____	_____
Hearing	_____	_____	Lungs & Chest	_____	_____
Extremities	_____	_____	General Systemic	_____	_____
Neurological	_____	_____			

Comments: _____

Drug Allergies: _____ Medical Alerts: _____

Current Medications: _____ Other: _____

Name of Personal Physician (Please Type or Print)

Phone Number

In the event of an emergency, contact: _____

Name (Type or Print Legibly)

Relationship

Phone Number

I **do** ___ give permission to release my medical information/physical form to emergency personnel.

I **do not** ___ give permission to release my medical information/physical form to emergency personnel.

I attest that I have current Medical Insurance Coverage.

Driver Signature

Date

Official use only

Car #: _____

Completed medical form - Y/N

MEDICAL INFORMATION FORM (PASSENGER)

MUST BE COMPLETED BY ALL Passengers

Passenger Name: _____

In the event of an accident the following information is important. Please complete the following:

HEALTH HISTORY

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above is YES, explain: _____

PARTICIPANT: Sex: _____ Height: _____ Weight: _____ Date of Birth: _____

Blood Type: _____ Drug Sensitivities: _____

	<u>NORMAL</u>	<u>ABNORMAL</u>		<u>NORMAL</u>	<u>ABNORMAL</u>
Vision	_____	_____	Heart Condition	_____	_____
Hearing	_____	_____	Lungs & Chest	_____	_____
Extremities	_____	_____	General Systemic	_____	_____
Neurological	_____	_____			

Comments: _____

Drug Allergies: _____ Medical Alerts: _____

Current Medications: _____ Other: _____

Name of Personal Physician (Please Type or Print) _____ Phone Number _____

In the event of an emergency, contact: _____

Name (Type or Print Legibly) Relationship Phone Number

I **do** ___ give permission to release my medical information/physical form to emergency personnel.

I **do not** ___ give permission to release my medical information/physical form to emergency personnel.

I attest that I have current Medical Insurance Coverage.

Passenger Signature

Date

Official use only

Car #: _____

Completed medical form - Y/N



_____ *I would like to enter the qualifying for the OPTIMA® Ultimate Street Car Invitational*

I would like to be entered into the OPTIMA® Ultimate Street Car Invitational (OUSCI) qualifying events at The OPTIMA® Street Car Faceoff. I acknowledge and understand that, if I receive an OUSCI invite, I will be required to bring the chosen car to the SEMA trade show (Las Vegas, NV) where it will be on display for the week prior to the OUSCI. I also acknowledge that the vehicle will then be required to participate in the OUSCI event in **Pahrump, NV on the Saturday following SEMA** based on the ability to meet all rules and safety regulations in order to participate in the OUSCI.

I acknowledge and understand that all the logistics, timing and financial commitment to participate in the OUSCI will be at my sole expense and that OPTIMA® Batteries, Johnson Controls, Inc., Johnson Controls Battery Group, Inc., FM3 Performance Marketing, Inc. and any/all other organizers will not provide any logistical or financial assistance.

Furthermore, I understand an invitation is not transferrable to any person or vehicle. If I am unable to attend the OUSCI, I will forfeit any benefits earned or assumed.

I also understand that I am qualified to compete and be eligible for all awards at The OPTIMA® Street Car Faceoff even if I choose not to enter as an OUSCI qualifier.

Name: _____

Signature: _____ Date: _____