

*SCMC Driver School Series*

**PRE-EVENT TECHNICAL INSPECTION FORM**

**Engine Compartment / Interior**

- Battery securely fastened
- Brake fluid: level, system bled, fresh fluid -
- Brake lights: all working
- Brake pedal: firm

**REQUIRED**

Date of last fluid change: \_\_\_\_\_  
(must be within 6 weeks to date of event)

- No visible fluid leaks (gas, oil, coolant, hydraulics)
- Coolant system: level, condition of hoses, no leaks, hose clamps are tight
- Pressure test radiator cap
- Throttle linkage: no sticking/ sloppiness
- Windshield wipers: working and good condition
- Mirrors: left-hand exterior and interior

**REQUIRED**

All V-belts properly tightened; inspect for wear, cracks, fraying

**On lift and under car**

- Condition of tires, both sidewall and tread. Minimum of 3/32" tread. H, V, or Z speed rating recommended. This requirement may be waived for special open track tires.
- Check wheel bearings for excessive play
- Brake pads & calipers: Adequate pad thickness (at least 1/2 pad left). Rotors within factory specs. Calipers working properly. Hoses, lines, calipers clean and dry.
- Steering linkage and suspension: No excessive play. Suspension mounting: no cracks or excessive rust.
- Braided or stainless steel lines for 1996-2001 Cobras.
- Check rear engine & transmission seals for excessive seepage
- Check for hydraulic leaks at wheels and clutch slave cylinder
- Check half-shaft bolts for looseness  Wheels straight, no cracks
- Check transmission and differential fluid levels  Exhaust: no under car leaks

**Other**

- Windshield free of cracks
- Seat belts: both front seat belts are properly operable and in good condition. If you have aftermarket harnesses then they should be anchored as close to horizontal from the seat back in order to prevent spine compression. Essentially, floor mounted harnesses are not advisable to use in this event.
- If roll bar equipped: adequate padding required on a roll bar/cage installation at any possible contact with driver or passenger

**Inspecting Service Shop:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mechanic:** \_\_\_\_\_

I understand that the condition of my car is my responsibility and the technical inspector is not responsible for any potential failure of my car.

Owner signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

**HELMET ACKNOWLEDGMENT AND RELEASE**

I/We acknowledge that the inspection of my helmet by members of the SCMC, Inc., is for the sole purpose of determining whether my helmet has met the minimum standards of the Snell Memorial Foundation. It appears from a visual inspection to contain the appropriate Snell rating sticker, and to be capable of meeting those standards at the present time. I acknowledge that the Club is making no guarantee of fitness or use in "passing" my helmet, and that I am relying solely on my own judgment in using the helmet in the Club event. I release, acquit, and forever discharge the SCMC, their officers, members, employees, lessors, associates, successors, or assigns, from any and all liability, claims, demands or causes, which may arise from my wearing of the inspected helmet, from my attendance at the Club event, or from any injury sustained by me, whether or not due to negligence.

I represent that I am at least 16 years of age, that I understand I am participating in a dangerous event, and that my helmet has not been previously worn in a collision or struck by a hard object. **I also understand that motorcycle helmets are not permissible for this event unless they are SA approved.**

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_

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

**SCMC PARTICIPANT MEDICAL INFORMATION**

*(confidential)*

Date: \_\_\_\_\_ Event: \_\_\_\_\_

\*Run Group Assignment: \_\_\_\_\_ \*Car Number: \_\_\_\_\_

*\*Will be completed at registration*

Name: (Print:) \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who to notify in case of emergency

At the track: \_\_\_\_\_

Away from the track: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Blood type and RH: \_\_\_\_\_ Do you wear contacts?: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Known allergies to medications:

\_\_\_\_\_  
\_\_\_\_\_

Significant illness or condition which might affect you at the track:

\_\_\_\_\_  
\_\_\_\_\_

*This information will be kept confidential and only be used in case of emergency.*

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