

BMWCCA Heart of Dixie Chapter Annual Drivers Education

We are very pleased that you will be instructing at our driving school at Barber Motorsports Park on September 23 - 24, 2017. We'll do our best to provide you with a safe and enjoyable weekend

Please read through the entire packet. You'll find the required forms that must be completed and brought to the event. Note that there may not be a copier available at the track and failure to furnish the required forms at event registration may adversely affect your weekend. Instructors are responsible for their own pre-event tech inspection so you do not have to turn in a tech inspection form.

Thank you for joining us for this school. We sincerely hope that you have a fun and safe weekend.

The host hotel for the event is the Hampton Inn, Leeds, Alabama. Call the hotel directly to make reservations and ask for the BMW Car Club Rate, [205-702-4141](tel:205-702-4141).

You must bring the completed forms to the event and turn them in at registration which will take place in the race control building on the second floor.

Registration Hours:

Friday, September 23, 6:00 PM – 8:00 PM

Saturday, September 24, 6:30 AM to 7:30 AM

We strongly encourage students to register on Friday evening if possible. If you wait until Saturday morning you may find yourself rushed to register and attend the MANDATORY drivers meeting at 7:00 AM. MANDATORY instructors meeting Saturday and Sunday 7:00 AM.

Driving School Committee:

Hank Bowman, Chief Instructor

Andre DeSouza, Co-Chief Instructor

Steve Lowery, President

Chris Jones, Vice President

Carol Lowery, Registrar / Event Coordinator

BMWCCA Heart of Dixie Chapter Annual Drivers Education

General Guidelines:

Driver and passenger seats and restraints must be equal and in good condition.

4, 5, or 6 point restraints must be secured to prevent slipping off occupants shoulders in case of an accident.

No convertible, retractable hard top, or open cars are permitted.

You must have a Snell 2010 or newer helmet

Long pants are required in the pits and on the track. Tank tops are not allowed in the pits or on the track. However, short sleeve shirts are allowed on the track. No open shoes are allowed in the pits or on the track.

All drivers must be at least 19 years of age and have a valid driver's license.

Forms:

Complete the registration forms. All of the forms must be completed and turned in at registration. You will not be allowed to participate until the forms have been turned in.

Pre-Event Tech Inspection:

Instructors are responsible for their own Pre-Event Tech Inspection and no tech inspection form is required at registration.

BMW CCA Waiver:

This waiver must be signed, dated, and turned in at registration.

Barber Damage Waiver:

Bring this form to the track and sign it at registration with a HOD official as a witness.

Driver's License Form:

This form must be completed, signed, and dated

Helmet Release Form:

This form must be signed, dated, and turned in at registration.

Medical Form:

This form must be completed and turned in at registration. You may place the form in a sealed envelope with your name on the outside for privacy reasons. You may retrieve this form at the conclusion of the event or if not retrieved the unopened form will be destroyed.

BMW CCA Heart of Dixie Chapter
Barber Motorsports Park Damage Waiver

As a participant in the weekend track event, I agree that I am responsible for all damages caused by myself and my crew to the track, safety barriers, and vegetation around the track, paddock and any other property owned by Barber Motorsports Park or employee or contractor of Barber Motorsports Park. The extent and value of the damage shall be established by Barber Motorsports Park and I agree to accept this value as the amount I owe Barber Motorsports Park.

I also agree that I will be responsible for any legal fees required to pursue track and paddock damages, if I don't pay for damages by the end of the event on Sunday by 5:00 PM, or within 10 days of when an invoice is presented to me.

Date: _____

Driver Name: _____ (Print Name)

Driver Signature: _____

BMW CCA Heart of Dixie Witness (To be witnessed at event registration)

Signature: _____

Heart of Dixie BMWCCA Driving School

BMWCCA Waiver

Important Notice to All Participants:

BMW CCA driver school insurance policy includes the following as “additional insureds” for the purposes of liability coverage: “BMW CCA and their respective directors, officers, and officials; all other BMW CCA affiliates' members, drivers, crew members, car owners, entrants, all sponsors/advertisers... and all other participants bearing BMW CCA authorized credentials while acting in their authorized capacity during the presentation of a BMW CCA Event”. There is no exclusion for claims by or against “nonmembers of the sponsoring chapter”.

We could speculate that perhaps some of the confusion arose from miscommunications regarding:

- (a) The scope of insurance coverage; and/or
 - (b) Whether any underlying liability exists in the first place.
- (a) With respect to the “scope of insurance coverage”, each of you should be aware that our motorsports policy does not cover “first party property damage” for any driver or club. In other words, if a driver crashes his car at a DE, our policy provides no “collision” or “comprehensive” coverage for the driver's costs or repairing his own car.
- (b) With respect to “underlying liability issues”, it is important to remember that the liability waiver that we are required to sign precludes each of us from suing BMW CCA, the sponsoring chapter, and/or other drivers and instructors participating in the event. When we sign that waiver, we fully and forever relinquish our rights to sue CCA, its chapters and other participants for any or all negligence resulting in bodily injury or property damage. In the event that a “rogue” participant sues us anyway (despite having signed away his rights to do so), our liability insurer would likely provide a defense to the defendants. In other words, our insurer would likely appoint a lawyer to represent CCA, the chapter and individual instructor being sued, and the main defense to the lawsuit would likely be the fact that the plaintiff relinquished his rights by signing the liability waiver.

In conclusion, it should be remembered that there is never any guarantee of coverage. Whether coverage exists depends on the terms and conditions of the policy as well as the particular facts of the claim. When participating in a DE, we should always err on the side of caution and we should never take it for granted that anything and everything we do will be “covered” by insurance. With that said, however, we emphatically assure you that the existence (or absence) of coverage in connection with a DE does not depend upon membership in the sponsoring chapter.

Sincerely,

Frank Patek, Executive Director, BMW CCA, Inc.
Al Buchanan, Legal Counsel/Risk Manager. BMW CCA, Inc.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Heart of Dixie BMWCCA Driving School Driver's License Verification Form

Printed Name: _____

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 hereby release BMW CCA and Barber Motorsports Park 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 said vehicle will be fully covered by a liability and property damage insurance policy in full effect during the school.

All Information Must Be Printed as It Appears on Your Driver's License

Name: _____

Address1: _____

Address2 _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____ Issuing State: _____

Expiration Date: _____

Participant Signature: _____ Date: _____

Registration Official Verification

Registration Official Initial: _____ Date: _____

Heart of Dixie BMWCCA Driving School Helmet Release

I acknowledge that the inspection of my helmet by members of the Heart of Dixie Chapter (the Chapter) of the BMW Car Club of America, Inc. (the Club) 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 visual inspection to contain the appropriate Snell rating sticker (SA2010 or M2010 or later) and to be capable of meeting those standards at the present time.

I acknowledge that the Chapter and the Club are making no guarantee of fitness for use in “passing” my helmet, and that I am relying solely on my own judgment in using the helmet in a Chapter/Club event.

I release, acquit, and forever discharge the BMW Car Club of America, Inc, its 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 a Chapter/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 dangerous event, and that my helmet has not previously been worn in a collision or struck by a hard object.

Participant Signature: _____ Date: _____

Participant Printed Name: _____

Registration Official Verification

Registration Official Initials: _____ Date: _____

Heart of Dixie BMWCCA Driving School

Medical Information

THIS INFORMATION IS STRICTLY CONFIDENTIAL

Please complete this form (please print). For privacy you may seal it in an envelope with your name on the outside. The envelope will only be opened in the event of an emergency. If desired we will return the envelope to you after your last track session. Otherwise we will destroy this after the event.

Personal Information:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: (____) _____

At Track Yes ____ No ____

Medical Information:

Health Ins Carrier: _____ Policy Num: _____

Blood Type & RH: _____ Contacts? Yes ____ No ____ Date of

Last Tetanus: _____ Prosthesis Yes ____ No ____

Allergies? _____

List Current Medications: _____

List any conditions which might affect you at the track:
