

# 2024 VRRR Sidecar Tech Inspection Form

Plate# \_\_\_\_\_

(one form per machine registered)

Paid Friday Practice Y or N

Practice Group 5

Circle class P1 P2 P2H P3

F1 F2 F3

**Helmets:** by signing below you certify that the following helmet information is correct

Helmet certification standard: D \_\_\_\_\_ P \_\_\_\_\_

Month and year of manufacture: D \_\_\_\_\_ P \_\_\_\_\_

Racing numbers on both sides: D \_\_\_\_\_ P \_\_\_\_\_ Medical Data Card Present: D \_\_\_\_\_ P \_\_\_\_\_

**Entrants:** by signing below you certify that the sidecar presented for inspection conforms to the period/class rules in Part B and the requirements of Part A of the current VRRR Rules and Procedures.

**Disclaimer:** The Rider is responsible for the preparation, safety, and operation of the above sidecar. The technical inspection is only a partial, general inspection for compliance with the VRRR Rules and Procedures. It is not an inspection for class eligibility, and it does not remove the responsibility of the Rider for operating and maintaining a safe sidecar. This technical inspection does not prevent the possibility of an injury or fatality. **Waiver:** By signing this document I agree to hold harmless the VRRR, any and all organizers and/or volunteers of this event for any injury or fatality resulting from the technical inspection of this sidecar. I also acknowledge the technical inspection of this sidecar and equipment does not warrant its suitability under all racing conditions, and that it is my responsibility to periodically check over and maintain this sidecar throughout the below signed event.

**Circle applicable event** Quinte TT Summer Classic Vintage Festival Canadian Classic GP

Driver print name \_\_\_\_\_

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

Passenger print name \_\_\_\_\_

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

Signature of Parent/Guardian for Minor \_\_\_\_\_ Date \_\_\_\_\_

Area below for official Safety Team use ONLY

Sidecar conforms to the required trackside safety standards

Fork Band Colour and Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Tech inspector signature \_\_\_\_\_

Re-tech Fork Band Colour and Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Tech inspector signature \_\_\_\_\_

Technical Rule Inspection \_\_\_\_\_ Complies (Yes or No) \_\_\_\_\_

Comments \_\_\_\_\_

Tech Coordinator initials \_\_\_\_\_

This completed form must be retained by the VRRR Safety Team as "Technical Inspection Reference Material" for the above event.