

## Konnected Entertainment LLC 3370 N Hayden Rd - STE 123-720 - Scottsdale, AZ 85251

## PARTICIPANT REGISTRATION

## **2012 ARIZONA DREAM MACHINES**

**Event Name** 

KONNECTEDENTERTAINMENT.NET

Entry #

Date:

OFFICIAL USE ONLY

## Participant & Activity Information

| Owner / Participant Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Full Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Car Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Car Model:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Car Year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Club Affiliation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| How Did You Hear About 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he Show:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ALL ORIGINAL • CONVERTIB CLASSIC MUSCLE CAR • T-BIR TRUCK • CUSTOM LOWRIDER • LIFTED 4X4 • MINI TRUCK • IM M RELEASE ASSUMPTION In consideration for being allowed to participate in Entertainment LLC, Event Grounds Owners and/or Or claims, including claims of the THE COMPANY'S neglig participation in this Activity, including travel to, from which include but are not limited to physical or psyc understand that these injuries or outcomes may arise t risks, both known or unknown to me, of my participat damage to my personal property, that may occur as a reimburse THE COMPANY. If I need medical treatment, I am 18 years or older. I understand the legal consec participating in this Activity, including travel to, from | LE • CLASSIC CAR • CLASSIC MUSTANDS • IMPALAS • VW • MODIFIED CAR PRE 30'S 40'S, 50'S, 60'S • 70'S, 80'S PORTS • DOMESTICS • COMPACT SUND ODERN CAR • MODERN MUSCLE CAR EOF LIABILITY, PROFESSIONAL AND AGES THE CARE OF LIABILITY AND AGES THE CARE OF LIABILITY. | I • PRO STREET • CORVETTE • CHEVELLE • MODEL A IG • CLASSIC CAMERO/FIREBIRD • CLASSIC MOPAR • MODIFIED TRUCK • BOMBS • EL CAMINO • LUXURY IS, 90'S & NEWER • BAGGERS & CRUISERS • CHOPPERS I • FULL SIZE SUV • CLASSIC TRUCK • MODERN TRUCK • BIKE • TRIKE • PEDDLE  COMISE NOT TO SUE,  REEMENT TO PAY CLAIMS  I depresentatives, I release from all liability and promise not to sue GI Collective, Konnected endors, Volunteers and Authorized Agents herein referred to as THE COMPANY from any and all paralysis and death), illness, damages, economic, or emotional loss I may suffer because of my inity. I am aware of the risks associated with traveling to/from and participating in this Activity, any or permanent disability (including paralysis), economic or emotional loss, and/or death. In some related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related ity. I agree to hold THE COMPANY harmless from any and all claims, including attorney's fees or from and during the Activity. If THE COMPANY incurs any of these types of expenses, I agree to sult of such treatment. I am aware and understand that I should carry my own health insurance. DMPANY from all liability, (b) promising not to sue THE COMPANY, (c) and assuming all risks of ten to be as broad and inclusive as legally permitted by the State of Arizona. I agree that if any is document, and I am signing it freely. No other representations |
| Participant Name (print): If Participant is under 18 years of age:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I am the parent or legal guardian of the Participant. promising not to sue on my and the Participant's beha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I understand the legal consequences of signing this document,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | including (a) releasing THE COMPANY from all liability on my and the Participant's behalf, (b) this Activity, including travel to, from and during the Activity. I allow Participant to participate ment. I agree to be bound by the terms of this document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| I have read this two-page document, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d I am signing it freely. No other representation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s concerning the legal effect of this document have been made to me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Minor Partici                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pant's Parent/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

Name of Minor Participant's Parent/Guardian (print):