

**FAX OR MAIL DO NOT
DO BOTH!**

Hot AugustNights® Spring Fever Revival

Spring Fever Revival Entry Number

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FOR OFFICE USE ONLY

May 17 & 18, 2019

Entry Form

Name: _____
Last Name First Name Spouse/Co-owner

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____ / ____ / ____

Car Year: _____ Make: _____ Model: _____ Color: _____

Convertible: YES NO Car License #: _____
circle one

All registered vehicles must carry automobile liability coverage with minimum limits of \$15,000/\$30,000 bodily injury and \$10,000 property damage. The Undersigned acknowledges and understands that no insurance is available for coverage of the Undersigned unless otherwise provided by private insurance or obtained by the Undersigned.

Entry and Advertising Release: In consideration of this entry, car owner and spouse/guest agree to permit Hot August Nights, Inc. the use of their names and pictures, and pictures of their cars for publicity, advertising, and commercial purposes (including newspapers, magazines, website, radio and television) before, during and after the Event and do hereby relinquish any rights whatsoever to any photos taken in connection with the Event and give permission to publish, sell or otherwise dispose of said photographs to Hot August Nights, Inc. All publicity and advertising rights reserved by Hot August Nights, Inc.

Operation: Event management reserves the right to restrict entrants to acceptable behavior during any and all activities of Hot August Nights, Inc. Open headers, unnecessary tire spin, or any other reason an entrant or his/her vehicle, their appearance or conduct are deemed objectionable by Event management, entrant and his/her vehicle will be subject to eviction from the Event. This includes persons, things, conduct, printed matter or an act or item of poor character which the management considers objectionable to the Event's well-being. In the case of eviction or restriction, Hot August Nights, Inc. is not liable for refunding entry fees except at its own discretion.

Liability: In consideration of acceptance the right to participate, entrants, participants and spectators, by execution of this entry form release and discharge Hot August Nights, Inc., the Silver Legacy Hotel Casino, the City of Reno, the State of Nevada, Washoe County and their officers, directors, trustees, employees, agents, representatives, volunteers, and servant and anyone else connected with the management or presentation of Spring Fever Revival of and from and all known or unknown damages, injuries, losses, judgements, and/or claims, from any cause whatsoever that may be suffered by entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, person and bodies of and from any and all liability occasioned or resulting from the conduct of entrants or any participants assisting or cooperating with entrants and under the direction and control of entrants. Entrants agree that participation in any contests, games, or activities may be limited.

Registered participants must be 18 years of age or older. I have read this form and agree to all conditions of the Hot August Nights application and the rules governing the Event as set forth on this form and agree to observe all rules and direction of Event management.

THIS EVENT IS OPEN TO 1979 AND OLDER CLASSIC CARS, PICKUP SIZE TRUCKS, AND EMERGENCY VEHICLES ONLY.

All vehicles must be "Street Legal" and DMV Registration will be required at Event Check-in.

EVENT HOURS:

Friday, May 17 8:00 am to 4:00 pm
Saturday, May 18 8:00 am to 4:00 pm

NO REFUNDS OR CANCELLATIONS AFTER MAY 1, 2019.

All cancellations are subject to a \$15 processing fee and must be submitted in writing.

**IF YOU ARE REGISTERED
FOR HOT AUGUST NIGHTS 2019 THE
REGISTRATION FEE IS WAIVED.**

2019 HOT AUGUST NIGHTS CAR ENTRY# _____

Entrance entitles participant to window sticker, one dash plaque and other items

ENTRY FEE: \$40 _____ \$

Make checks payable to Hot August Nights

Check #: _____ Cash: _____

Personal Check: _____ Money Order: _____ Cashiers Check: _____

Visa: _____ Mastercard: _____

Credit Card #: _____

Exp. Date: _____ Security Code # _____

Signature Date