READ CAREFULLY THIS IS A RELEASE

# MINOR RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

_____ _____
Description and Location of Event Date

IN CONSIDERATION of my minor child ("The Minor") being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any restricted areas ("Restricted Areas"), which areas are defined as any area requiring special authorization, credentials, or permission to enter and to which the general public's admission is restricted or prohibited), I agree that:

1. I am aware and understand the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Events(s). I will inspect the premises, facilities, and equipment to be used with which the Minor may come in contact. IF I, OR THE MINOR, BELIEVE ANYTHING UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).

2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) There may be OTHER RISKS NOT KNOWN TO ME, or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.

3. I consent to the Minor's participation in the Event(s) and/or entry into Restricted Areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED IN WHOLE, OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.

4. I HEREBY RELEASE AND DISCHARGE all parties named below, herein referred to as "Releasees" FROM ALL LIABILITY TO ME, THE MINOR, my and the Minor's personal representatives, assigns, heirs, and next of kin:

> All participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, vehicle owners, riders, drivers, pit crews, rescue personnel, any persons in any Restricted Area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises of Event(s) and each of them, their directors, officers, agents,

AND FURTHER COVENANT NOT TO SUE FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.

5. If, despite this release, I, the Minor or anyone on the Minor's behalf, makes a claim against the "Releasees" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and their insurance carrier, and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

6. In the event I sustain any injury while in a Restricted Area, any rescue personnel or medical personnel may release such medical information about my condition to representatives of the promoter, sanctioning organization, track operator, or track owner as necessary to allow such individuals to properly report the information to appropriate representatives of the sanctioning organization and/or insurance carriers.

7. I sign this agreement on my own behalf and on behalf of the Minor.

I HAVE READ THIS PARENTAL CONSENT AND RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT, I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES RESULTING FROM THE RELEASEE'S NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

_____
NAME OF PARTICIPANT (please print)

_____ _____
FATHER OR GUARDIAN SIGNATURE Printed name of Father or Guardian

_____ _____
MOTHER OR GUARDIAN SIGNATURE Printed name of Mother or Guardian

_____ _____
WITNESS Printed name of Witness

_____
STREET CITY STATE ZIP

PLEASE SIGN MINOR'S ASSUMPTION OF RISK FORM ON BACK.

# MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT

DESCRIPTION AND LOCATION OF EVENT(S) DATE RELEASED SIGNED

I have obtained my parent's consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

1. Both my parents and I believe I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).

2. I understand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.

3. I know that these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of the others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the event(s).

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

SIGNATURE OF MINOR PARTICIPANT DATE

PRINTED NAME OF MINOR PARTICIPANT AGE

WITNESS DATE

PRINTED NAME OF WITNESS