

Motocross of Marion County Rider Release Form for Minors Signed by Parent(s) / Guardian (s) and Notarized

That I, (riders name) _____, a minor and I/we (parent) _____ and (parent) _____ individually and also as parent(s) of the above named minor of _____ (age) years of age for and in consideration of receiving permission from Motocross of Marion County for (riders name) _____ a minor to enter upon the premises of this raceway located in Citra, Florida the receipt of such permission is hereby acknowledged, and in further consideration of receiving permission for (rider's name) _____ a minor to participate, when qualified either as a rider, mechanic, owner, attendant, or in any other capacity, in any practice held at the above mentioned premises the receipt of such permission being also hereby acknowledged, each of the undersigned hereby released Motocross of Marion County, the promoter and its agents, officers, servants, and employees, of and from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of any of the undersigned while in, on or upon the said premises, or any other premises leased to or under the control or supervision of Motocross of Marion County.

Each of the undersigned being fully aware of the risks and hazards inherent upon entering said premises and/or participating in any practices held at said premises, hereby elects voluntarily to enter upon said premises, knowing their present conditions and knowing that said conditions may become more hazardous and dangerous during the time that each of the undersigned is upon the said premises. Each of the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by any or each of the undersigned, or any property of any of each of the undersigned while in, on or upon the said premises.

Furthermore, in the event that the below signed parent or guardian are not present, they authorized _____ to make medical decisions in event that the minor participant is sick or injured. Additionally, this person is also authorized to sign any required race registration forms.

This release shall be binding upon the distributees, heirs, next of kin, and personal representatives of each of the undersigned.

In signing the foregoing Release, each of the undersigned hereby acknowledges and represents:

- (A) That he/she has read the foregoing Release, understands it, and signs it voluntarily;
- (B) That the undersigned parent(s) / guardian(s) is over twenty-one (21) years of age and of sound mind;
- (C) That the undersigned minor is riding or participating on the above mentioned premises with the knowledge and consent of the parent(s) / guardian(s);
- (D) That he/she is not an agent, servant, or employee, of Motocross of Marion County, and/or any of the agents, officers, servants or employees of the promoter.

The undersigned parent(s) / guardian(s) further for said considerations hereby agrees to protect Motocross of Marion County, it's personal Representatives and assigns any actions, claims, or demands by said minor, or by any other person or persons on account of damages of any character resulting in any way from said practicing on the above mentioned premises by said minor, and we also hereby agree to reimburse and make good to Motocross of Marion County any loss, damages, or costs it may have to pay as a result of any such action, claims or demands.

IN WITNESS WHEREOF, each of the undersigned has hereunto set his/her hand and seal this _____ day of _____, 20_____.

DRIVER LIC# _____

NOTARY PUBLIC _____

MINOR'S SIGNATURE _____

MY COMMISSION EXPIRES: _____

PARENT/GUARDIAN _____

WITNESS _____

PARENT/GUARDIAN _____

Mailing Address (Please Print)

RIDERS NAME _____

RESIDENT PHONE _____

ADDRESS _____

EMERGENCY PHONE _____

CITY _____ STATE _____ ZIP _____

AGE _____ DATE OF BIRTH _____