## Minor Release and Waiver of Liability and Indemnity Agreement

Address of Participant:\_\_\_

Printed Name of Parent or Guardian: 1.\_\_\_\_
Printed Name of Parent or Guardian: 2.\_\_\_

Signature of Event Official or Notary Public

Read carefully before signing	
Name of Track and/or Event:	Event Date(s):
in the above event and/or activities ("EVENT(S)") and/or requiring special authorization, credentials or permission t	ant to compete, officiate, observe, work for, or participate ("participate") in any way being permitted to enter for any purpose any RESTRICTED AREA (defined as any area o enter or any area to which admission by the general public is restricted or ea and any hot pit or paddock area), EACH OF THE UNDERSIGNED, for not next of kin agrees that:
therein and/or the MINOR's Event participation constit safe and reasonably suited for the purpose of its use.	tely inspect the RESTRICTED AREA upon entering it and warrants that their entry utes an acknowledgement that they have inspected the RESTRICTED AREA and find it The undersigned agree that if at any time in the RESTRICTED AREA they believe of an official, and they will remove themselves from the RESTRICTED AREA and the
DAMAGE due to negligence of Releasees (as identified while participating in any way in the Event. The unde participation in the Event and admission within the RE	UME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY below) or otherwise, while in or upon the RESTRICTED AREA for any purpose and/or signed recognize and understand that there are risks and dangers associated with STRICTED AREA that could cause severe bodily injury, disability and death. Further, failure to act of the Releasees and others. All of the risks and dangers associated ESTRICTED AREA are assumed notwithstanding.
associations, sanctioning organizations (or any affiliate designers, drivers, pit crews, rescue workers, all perso suppliers, advertisers, owners and lessees and lesse inspectors, surveyors, underwriters/brokers, consultarisk evaluation or loss control activities regarding the employees, (all for the purposes herein referred to as representatives, assigns, heirs, and next of kin, for an	e, discharge and covenant not to sue the promoters, participants, racing as thereof), track operators, track owners, officials, vehicle owners, builders and one in the RESTRICTED AREA, sponsors, equipment and parts manufacturers and one of the premises used to conduct the EVENT(S), premises and event and others who give recommendations, directions, or instructions or engage in premises or EVENT(S) and for each of them, their directors, officers, agents, and "RELEASEES") from all liability to ourselves, the undersigneds, our personal y and all claims, demands, losses or damages of the MINOR and/or parent or mited to the death or injury of the parent/guardian or MINOR or damage to dipy the negligence of the RELEASEES or otherwise.
liability, damage, or cost they may incur due, in any n RESTRICTED AREA, or related in any way to their part	emnify and save and hold harmless, the RELEASEES and each of them from any loss, nanner or degree, to the presence of the parent/guardian or the MINOR in the icipation in or presence at the EVENT and whether caused by negligence of the further recognize and agree they are executing this Waiver and Releases of Liability d on behalf of the MINOR.
INCLUDING NEGLIGENT RESCUE OPERATIONS and is	k and Indemnity Agreement extends to all acts of negligence by the RELEASEES, ntended to be as broad and inclusive as is permitted by the laws of the Province or tif any portion thereof is held invalid, it is agreed that the balance shall,
INDEMNITY AGREEMENT AND DOES SO VOLUNTARI	UNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND LY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE HAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT
I HAVE READ THIS RELEASE	☐ Father ☐ Mother ☐ Guardian
I represent that I have sole legal custody or am sole	(Check One)  Date (mm/dd/yyyy)  parent/guardian.
(Initial)  I HAVE READ THIS RELEASE	
2Parent or Guardian (Signature)	Father   Mother   Guardian   Date (mm/dd/yyyy)
Printed Name of MINOR Participant:	_D.O.B

(If Notarized) Subscribed and Sworn to at:\_\_\_\_\_\_Before me this\_\_\_\_\_Day\_\_\_\_A.D. 20\_\_\_\_\_

\_\_\_\_County, State of \_\_\_\_\_\_My Commission Expires:\_\_\_\_

Printed Name of Event Official or Notary Public

**SEAL**