

# MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(read carefully before signing)

AUTO RACING

BST Promotions

DATE \_\_\_\_\_

IN CONSIDERATION of being allowed to participate in any way in the motorsport event or activity indicated above and/or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The Parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the above motorsport activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes that anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. I/we fully understand and acknowledge that:
  - (a) There are risks and dangers associated with participation in motorized sport events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
  - (b) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
  - (c) These Risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including but not limited to the "Releasees" named below.
  - (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the promoter, participants, racing association, sanctioning organization, or any subdivision thereof, track operator, track owner, track officials, car owners, lessees of premises used to conduct used to conduct the event and each of them their officers, agents and employees all for the purpose herein referred to as "Releasees" from all liability to the undersigned my/our personal representatives, assigns, executors,, heirs, and next of kin for any and all claims demands, on account of any injury including but not limited to the death of the participant or damage to property, caused or alleged to be caused in whole or part by the negligence of the "Releasees" or otherwise.
5. On behalf of the participant and individually, the undersigned parent(s) and or legal guardian(s) for the minor participant executes this Waiver and Release. If , despite the release, the participant makes a claim against any of the "Releasees" the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for money which they have paid to the participant, or on his behalf, and hold them harmless.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE GIVE UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT VOLUNTEERILLY WITHOUR INDUCEMENT.

1. \_\_\_\_\_

Parent or Legal Guardian (Signature/Relationship)

Date

2. \_\_\_\_\_

Parent or Legal Guardian (Signature/Relationship)

Date

Printed Name of Minor Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Printed Name of Parent or Guardian 1 \_\_\_\_\_

Printed Name of Parent or Guardian 2 \_\_\_\_\_

\_\_\_\_\_  
(LAST NAME) (MINOR CHILD) (FIRST NAME)

**CONSENT TO MEDICAL TREATMENT**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
a minor child whose birthdate is \_\_\_\_\_ and who is the child of  
\_\_\_\_\_ and \_\_\_\_\_ hereby authorizes any duly  
authorized doctor, hospital, and other medical facility to treat said minor on after \_\_\_\_\_  
for the purpose of attempting to treat or relieve any injuries by said minor while he/she was a participant or  
observer at BST Promotions.

I authorized any licensed physician to perform any procedure which he deems advisable in  
attempting to treat, or relieve, any injuries or any related unhealthy condition of said minor that he /she  
may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen circumstances in  
any medical treatment and I assume any such risk on the behalf of myself and said minor. I acknowledge  
that no warranty is being made as the result of any treatment.

\_\_\_\_\_  
(name) (relationship to minor)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**BEFORE ME, a Notary Public in and for said County and State, personally appeared**

\_\_\_\_\_

Who acknowledged that he/she has read the above and foregoing instruments and that the execution  
of both was a voluntary act and deed and that all statements therein are true and correct.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_

My Commission expires: \_\_\_\_\_.