Mega-Traxs

THIS IS A RELEASE AND INDEMINTY AGREEMENT - READ IT BEFORE SIGNING

The UNDERSIGNED herby releases, waives, discharges and covenants not to sue the promoters, participants, racing associations, sanctioning organizations, Megatraxs, Moto Pro Inc., or any subdivision thereof, track operators, track owners, officials, vehicle owners, 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) or daily business on premises and inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) or daily business and each of them, their directors, officers, agents, and employees, all for the purpose herein referred to as “Releases”, from all LIABILITYCLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S) OR DAILY BUSINESS, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR THERWISE. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage or cost they may incur arising out of or related to the EVENT (S) or daily business whether caused by the negligence of the Releases or otherwise. THE UNDERSIGNED hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the EVENT (S) or daily business whether caused by the NEGLIGENCE OF RELEASEES or otherwise. I have read this Release and Wavier of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I HAVE GIVEN UP SUBSTANTIAL RIGHTS by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and extend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

(If participant is under age 18, his Parent or Legal Guardian must sign this form and be present at all time while riding.)

I FULLY UNDERSTAND THAT THERE IS NO RIDER MEDICAL INSURANCE PROVIDED.

I UNDERSTAND MOTOCYCLE AND ATV RIDING IS DANGEROUS.

YES, I HAVE READ THIS RELEASE.

_X_____ _____ _____

Signature Print Name Date

_____ _____ _____ _____

Address City State Zip Code

_(_____)_____ _(_____)_____ _____

Phone Cell Phone Cell phone Provider (for text updates)

_____ _____ _____

E-Mail Address Date of Birth AGE

_____ _(____)_____ _____

Emergency Contact / Print Name Phone number Relationship to participant

_____ _____ _____

Bike Brand Number Displacement

Classification: A B C Youth Spectator

Office use Only

Date: _____ Season Pass: $ _____ Fee: $ _____ Total $ _____ ID: _____