## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Thunder Valley Speedway LLC, Inc, their agents, owners, officers, volunteers, personnel, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "TVS"), I hereby agree to release, indemnify, and discharge TVS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my participation in Stock Cars / Sprint Cars / Go Karts / Late Model Cars Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; accidents involving other vehicles; collision with fixed or movable objects; the possibility of rough terrain; drivers may be jolted, jarred, bounced, thrown about and otherwise shaken during rides; it is possible that riders could be injured if they come into contact with other passengers, equipment, or other objects; the condition of the track; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; major injuries are a risk as are sprains, strains, scratches, bruises, abrasions, cuts, lacerations, broken bones, fractures, musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; exhaustion; exposure to the elements of the outdoors and natural surroundings which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; further, passengers can be thrown off of/out of their vehicle which can result in any of the above events occurring; collisions, and flipping over; accidents or illness can occur in remote places without medical facilities; transmissible pathogen or diseases; my own physical condition, and the physical exertion associated with this activity.

Furthermore, TVS personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear a properly fitted and secured certified helmet while participating in this activity.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TVS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of TVS's equipment or facilities, including any such claims which allege negligent acts or omissions of TVS.
- 4. Should TVS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against TVS, I agree to do so solely in the state of Alaska, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, may be found by a court of law to have waived my right to maintain a lawsuit against TVS on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at TVS. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

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Print Name		DOB	Phone Number		
Address		City	1		
State	Zip	Email			
Signature of Participant			Date		
		UARDIAN'S ADDITIONAL INE ompleted for participants under th			
In consideration of the follow	ving minor(s): (print na	ame(s)and DOB(s))			
	•	es and to use its equipment and facil			
<b>TVS</b> from any and all claim participation by minor(s).	ns which are brought	by, or on behalf of minor(s), and	which are in any way connected	l with such use or	

Print Name:

Date:

Parent or Guardian:

## PROTECTIVE RIDING HEADGEAR REFUSAL AGREEMENT

I, the undersigned, have been fully warned and advised by Red Rock Motor Sports Club, Inc. (hereinafter collectively referred to as "TVS"), that I should wear a properly fitted and secured helmet while participating in TVS (whether on the premises or off of the TVS's premises) in order to potentially reduce the severity of an injury and/or to possibly prevent my death from occurring as the result of a fall or any other occurrence associated with this activity. I understand that by not wearing a helmet, I will be going against manufacturers' requirements and putting myself at an increased risk for injuries, and against the advice of TVS and numerous court cases I am refusing this critical safety precaution. I also understand that minors are not allowed to refuse protective headgear and I cannot sign on their behalf to waive the requirement.

I, the undersigned, have read the foregoing statemed warning.	ent carefully before signing and do understand it
Name of Rider	
Signature of Rider	Date

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