Form Revised Nov. 2021

Rio Bravo Motocross Park

RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PRINT NEATLY or YOU WILL NOT BE ENTERED INTO THE DATABASE!

pplied to participate in off road motorcycle/ATV activities located at Rio Bravo Motocross Park , Please Initial	
AM AWARE THAT OFF ROAD MOTORCYCLE/ATV TRAIL RIDING IS A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF NJURY OR DEATH. Please Initial	
IO HEALTH, MEDICAL, PERSONAL, OR PROPERTY LIABILITY INSURANCE IS PROVIDED Please Initial	
Is lawful consideration for being permitted by Rio Bravo Motocross Park to participate in this ctivity and any use of their equipment, motorcycles, ATV's and facilities, I hereby agree that I, my heirs, distributes, guardians, legal representatives and assigns will not make a claim against, use, attach property of, or prosecute Rio Bravo Motocross Park , for injury, or damage resulting from the negligence or other acts howsoever caused, by any employee, agent, or contractor of Rio Bravo Motocross Park , as a result of my participating in off road motorcycle/ATV riding. In ddition, I hereby release and discharge Rio Bravo Motocross Park from all actions, claims, or emands, I, my heirs, distributes, guardians, legal representatives, or assigns now have or may ereafter have for injury or damage from my participation in off road motorcycle/ATV trail riding ctivities.	
HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I M AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF ND Rio Bravo Motocross Park AND SIGN IT OF MY OWN FREE WILL.	
Please Initial	
ALL PARTICIPANTS ASSUME RESPONSIBILITY FOR DAMAGE INCURRED TO Rio Bravo Motocross Park's EQUIPMENT AND MACHINERY. Please Initial	
PARTICIPANTS ASSUME FULL RESPONSIBILITY FOR THEIR OWN PERSONAL PROPERTY, BELONGINGS, AND EFFECTS, INCLUDING BUT NOT LIMITED TO: MONEY, JEWELRY, ETC. Rio Bravo Motocross Park ASSUMES NO RESPONSIBILITY AS TO THE "SAFE KEEPING" Please Initial	
Signature: Dated:	
Parent/Guardian Taking Responsibility Required if participant is less than 18 years of age). Email:	-
Birthday:Your Cell No:	-
Emergency Contact Name Phone #:	
Amount Paid: \$	
For Official Use Only: Authorized By:]