

# DIAMOND MOUNTAIN SPEEDWAY

## Release and Waiver of Liability Agreement

### PRINT Full Name

I, \_\_\_\_\_ (Participant), acknowledge that I have voluntarily applied to participate in the following activities at the Lassen County Fairgrounds: **CAR RACING**

I am aware that the above described activities are hazardous activities, and I am voluntarily participating in these activities with the knowledge of the danger involved, and agree to assume any and all risks of bodily injury, death, or property damage.

**DRIVER FOR CAR #** \_\_\_\_\_ **NON-DRIVER, PIT ENTRY ONLY** \_\_\_\_\_

**I verify this statement by placing my initials here:** \_\_\_\_\_

**Parent or Guardian's Initials (if under 18):** \_\_\_\_\_

As consideration for being permitted by the Fair, the County of Lassen, the State of California and the Diamond Mountain Speedway to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives will not make a claim against, sue, or attach the property of the Fair, the County, the State of California, Diamond Mountain Speedway, or any of their affiliated organizations as a result of my participation in the activities described above. I forever release the Fair, the County, the State of California, the Diamond Mountain Speedway, and any of their affiliated organizations from any and all action, claims, or legal demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the activities described above.

I have carefully read this agreement and fully understand its contents. I am aware that this is a **release of liability** and a contract between myself and the Fair, the County, the State of California, Diamond Mountain Speedway Inc., and/or their affiliated organizations and I sign it of my own free will.

Executed at Diamond Mountain Speedway, Susanville, California on: \_\_\_\_\_ (Date)

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_