

**Harold Motor Sports Dirt Bike Lesson/Clinic MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
(READ CAREFULLY BEFORE SIGNING)**

HAROLD MOTOR SPORTS, DIRT BIKE LESSON/CLINIC

IN CONSIDERATION of being allowed to participate in any way in a Harold Motor Sports Summer Dirt Bike Clinic:

1. I UNDERSTAND AND AGREE that although I have been supplied with certain information on the prescribed Clinic, the Clinic does not permit me to inspect the prescribed course or any portion of the prescribed course or the immediately adjacent areas thereof with which I may come in contact during the Clinic prior to my participation in the Clinic. I understand and agree that if at any time, I believe anything to be unsafe or unsatisfactory in any way, I will immediately take all necessary precautions to avoid the unsafe area and/or refuse to participate further in the CLINIC.
  2. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the promoters, participants, vehicle owners, riders, officials, drivers, rescue personnel, sponsors, advertisers, owners and lessees of premises used to conduct the CLINIC premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or CLINIC and for each of them, their directors, officers, agents, and employees, all for the purposes herein referred to as "RELEASEES", FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
  3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, FEES OR COSTS they may incur arising out of or related IN ANY MANNER TO MY ATTENDANCE AT OR PARTICIPATION IN THE EVENT, AND WHETHER CAUSED BY THE NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
  4. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT whether caused by the NEGLIGENCE OF ANY RELEASEE(S) OR OTHERWISE.
  5. I HEREBY ACKNOWLEDGE that THE ACTIVITIES OF THE CLINIC ARE DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
  6. I HEREBY AGREE that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Province or State in which the CLINIC is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
  7. I HEREBY AGREE that this agreement shall be binding and enforceable against me, my personal representatives, agents, spouse, assigns, heirs and next of kin without limitation. THIS AGREEMENT SHALL BE INTERPRETED UNDER THE LAWS OF THE STATE OF FLORIDA. If any part of this Agreement is adjudged to be invalid for any reason, I agree that the remaining terms of the Agreement remain in full force and effect.
- THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I/WE FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

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

Father    Mother    Guardian

Parent or Guardian (Signature) \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Printed Name of MINOR Participant: \_\_\_\_\_

D.O.B. \_\_\_\_\_

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