

MINOR'S UNDERSTANDING FORM

I HAVE DISCUSSED THE EVENT THAT I WISH TO PARTICIPATE IN WITH MY PARENTS OR LEGAL GUARDIANS AND THEY HAVE EXPLAINED TO ME THE POSSIBILITY OF ME BEING INJURED, POSSIBLY SEVERE OR EVEN WORSE.

I AM WILLING TO ASSUME THE RESPONSIBILITY OF THIS IN ORDER TO BE A PARTICIPATE IN THE EAST BEND MOTORSPORTS RIDER CLUB.

I ALSO AGREE THAT, AT ANY POINT, IF I FEEL ENDANGERED EITHER BY MY OWN ACTIONS OR THOSE OF OTHERS, THAT I AM FREE TO WITHDRAWL FROM THE EAST BEND MOTORSPORTS RIDERS CLUB.

I KNOW THAT I AM NOT GIVING UP ANY OF MY RIGHTS AND THAT IT IS OK FOR ME TO PARTICPATE AT EAST BEND MOTORSPORTS PARK.

MINOR'S NAME (PRINT)

MINOR'S NAME (SIGN)

DATE

FATHER/MOTHER/LEGAL GUARDIAN(S) SIGNATURE

DATE

EAST BEND MOTORSPORTS RIDERS CLUB
EAST BEND MOTORSPORTS PARK

DATE