



2012 COOPER TIRES PROTOYPE LITES POWERED BY MAZDA CHAMPIONSHIP MEMBERSHIP/LICENSE & CREDENTIAL CHECK LIST

Enclosed you will find the necessary forms to complete the membership process. Fee information is included on each form.

This checklist is to assist you in completing your applications and ensuring that all the required information and documents are returned to IMSA.

Please check all blocks that apply to you and return this sheet with your application and remittance.

ENTRANT

- Credential and Membership/License Application
- Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- Photo (**Use 2011 Photo**)
- Photo (**Attach Photo or Email to registration@imsaracing.net**)
- Medical Information Form
- Membership Payment

DRIVER & DRIVER/ENTRANT

- Credential and Membership/License Application
- Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- Photo (**Use 2011 Photo**)
- Photo (**Attach Photo or Email to registration@imsaracing.net**)
- Medical Information Form
- Medical Exam and History Forms (***dated within six (6) months***)
- Previous Experience Form
- Membership Payment
- FIA Driver Application and Payment ****

CREW

- Credential and Membership/License Application
- Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- Photo (**Use 2011 Photo**)
- Photo (**Attach Photo or Email to registration@imsaracing.net**)
- Medical Information Form
- Membership Payment

***Note: WAIVERS MUST BE PRINTED IN COLOR AND NOTARIZED.**

**** All Drivers must hold a FIA license**



**2012 CREDENTIAL AND MEMBERSHIP APPLICATION
FOR THE COOPER TIRES PROTOTYPE LITES**



Please type or print legibly and complete all of the requested information.

Name: _____

Mailing Address: _____

Home Phone #: _____ Mobile #: _____

Business #: _____ Fax #: _____

Email Address: _____

Birth Date: _____

Team Name: _____

Home Town (**Drivers Only**): _____

Previous Racing Licenses Held (if new applicant): _____

Type of Racing/Cars/Years Run: _____

Use 2011 Photo Use Enclosed Photo Photo E-mailed (registration@imsaracing.net)

IMSA OFFICE USE ONLY	
Date Received	_____
Check/Cash/MO/Credit Card	_____
Fee	_____
Approval Code	_____
License #	_____
Date Issued	_____
HC Number	_____

Type of Credential/Membership Applying for (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Driver \$400 | <input type="checkbox"/> Driver/Entrant \$400 | <input type="checkbox"/> Single Event Driver \$250: _____ |
| <input type="checkbox"/> Entrant \$400 | <input type="checkbox"/> Crew \$300 | <input type="checkbox"/> Single Event Crew \$150: _____ |
| <input type="checkbox"/> FIA \$275 | <input type="checkbox"/> International Letter \$150 | Date(s) Valid _____ |

I HAVE READ AND AGREED TO BE BOUND BY THE CONTENTS OF THIS APPLICATION, THE IMSA CODE (INCLUDING ALL COMMERCIAL TERMS SPECIFIED THEREIN) THE SERIES STANDING SUPPLEMENTARY REGULATIONS AND ALL SUPPLEMENTS OR CHANGES THERETO AND OTHER APPLICABLE RULES AND REGULATIONS.

I FURTHER UNDERSTAND THAT IMSA RESERVES THE RIGHT TO REFUSE ANY APPLICATION FOR ANY REASON AND THAT ACCEPTANCE OF THIS APPLICATION AND FEE BY IMSA DOES NOT CONSTITUTE APPROVAL OF THE APPLICATION AND THAT ALL APPLICATIONS MUST BE OFFICIALLY APPROVED BY IMSA.

APPLICANT'S LEGAL SIGNATURE: _____ **DATE:** _____
(ALL APPLICANTS MUST SIGN)

CREDIT CARD PAYMENT INFORMATION: Type of Card: MasterCard VISA American Express

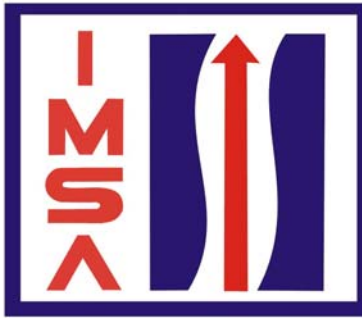
Account #: _____ Exp. Date: _____ Total: \$ _____

Verification Code: _____ VISA/MasterCard: Last three digits in the signature block
AMEX: Four digits on front of card above card number

Billing Address: _____ City: _____ State: _____ Zip: _____

Name as it appears on card: _____ Signature: _____

By signing above, I hereby authorize International Motor Sports Association to charge the above credit card.



2012 IMSA MEDICAL INFORMATION

THIS FORM MUST BE FILLED OUT BEFORE A 2012 HARD CARD IS ISSUED.

The following information is for IMSA records only. A printout of all medical information will be made available to the medical staff at each event.

Physicals are required for all IMSA drivers. Medical history and examination forms must be completed and returned with application.

First Name _____ Last Name _____

Date of Birth _____

Allergies _____

Current Medications _____

Current Medical Conditions _____

Personal Physician _____

Physician Phone Number _____

In Case of Emergency, Notify:

Name _____ Phone _____

Next of Kin _____ Phone _____

Applicants Signature _____ Date _____

IMSA MEDICAL EXAMINATION FORM FOR IMSA DRIVERS LICENSE
(to be filled out on both sides by examining physician and returned to candidate)

Dear Doctor:

You are being asked to examine this candidate for an international racing license. If you find them physically and psychologically fit, and they pass their other tests, they may then be granted a license that will enable them to drive a competition car at extreme high speeds under the most exacting conditions. Please therefore, examine them carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby they may take the matter up with physicians experienced in racing should you disapprove them. You will thus be doing not only the applicant but also our sport a service by conducting this examination as carefully as possible. **ALL CANDIDATES OVER THE AGE OF 50 SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION. PLEASE ATTACH COPY OF EKG, STRESS TEST REPORT (IF DONE), ANY X-RAY REPORTS OR LAB TESTS (IF DONE).**

Candidates having the following afflictions must be referred to the Chief Medical Officer for review.

- | | |
|--|----------------------------|
| 1. Less than 20/30 corrected vision in the better eye | 7. Diabetes |
| 2. Blood pressure: Diastolic over 100, Systolic over 170 | 8. Epilepsy |
| 3. All gross deformities subject to listing | 9. History of Heart Attack |
| 4. Alcoholic and drug addiction | 10. Loss of Color Vision |
| 5. Psychological problems | |
| 6. Loss of extremity or eye | |

CANDIDATES WHO HAVE A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 10 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE CHIEF MEDICAL OFFICER THROUGH IMSA.

Name _____ Address _____ Birth Date _____
 Age _____ Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Normal	Check each item in appropriate column (enter NE if not evaluated)	Abnormal	
	1. Head, face, neck and scalp		25. Distant Vision Right eye-20/ Corrected to-20/ Left eye-20/ Corrected to-20/ Both eyes-20/ Corrected to-20/
	2. Nose		26. & 27. Intraocular Tension: TACTILE
	3. Sinuses		Right Eye - Left Eye -
	4. Mouth and Throat		28. Field of Vision Right Eye - Left Eye -
	5. Ears, general		29. Color Vision (test)
	6. Drums (perforation)		
	7. Eyes, general (visual acuity under Item 25)		30. Blood Pressure Systolic - Diastolic -
	8. Ophthalmoscopic		31. PULSE: Resting - After exercise - 2 minutes after exercise -
	9. Pupils (equality and reaction)		
	10. Ocular motility (associated parallel movement, nystagmus)		
	11. Lungs and chest (including breasts)		
	12. Heart size (thrust, size, rhythm, sounds)		
	13. Vascular system (pulses?)		
	14. Abdomen and viscera (including hernia)		
	15. Anus and rectum		
	16. Endocrine system		
	17. G – U System		
	18. Upper & Lower extremities (strength and range of motion)		
	19. Spine, other muscle skeleton		
	20. Identifying body marks, scars, tattoos		
	21. Skin and lymphatics		
	22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc)		
	23. Psychiatric		
	24. General systemic		

32. Medical treatment within the past five years
 Date, Name, Phone Number of physician consulted _____

Reason _____

33. Comments on History and Findings: _____

Re-Examination:

It shall be the responsibility of the applicant to present himself/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination form at end of year.
2. Following any significant illness, injury or hospitalization.

Remarks (additional sheets maybe attached) _____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 1 year after finding, to make him/her unable to perform the duties or exercise the privileges of a IMSA Racing Driver's License.

PLEASE CHECK ONE:

- _____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
 _____ That the applicant be reviewed by the Chief Medical Officer.
 _____ That the applicant is NOT physically and psychologically fit to drive a racing car in competitive events at high speeds.

Signed: _____ M.D. – D.O.

Date: _____ Address: _____
 (If signed by D.O., state in which licensed must be indicated)

INFORMATION FOR FIA LICENSE APPLICANTS

The Federation Internationale de L'Automobile (FIA) is the sole international body governing automobile sport. It delegates and recognizes in each country authority for the control of motor sports. For the U.S.A. this authority is the Automobile Competition Committee for the United States, FIA, Inc. (ACCUS, FIA), whose duty is to enforce the international regulations established by the FIA for all competition events in this country approved by the FIA. ACCUS, FIA has, in turn, eight member clubs: Grand-Am, IndyCar, NASCAR, NHRA, IMSA, SCCA, USAC, and affiliate WKA. All FIA events in the United States are sanctioned by one of these eight clubs and are run in conformity with the FIA Code.

Entrant's License: For entering a car in any type of FIA event such as a race, rally, hill climb, time trial, drag race or record attempt, the person or organization entering the car must be in possession of an FIA Entrant's License. If you will be participating in an event outside of the United States you will need an International Competition Authorization. If the Entrant is a group or company, the application or the license should be made in the name of the organization followed by the name of the individual officer, principal representative, or manager, with his/her title.

Driver's License: For driving a car in any type of FIA event such as a race, rally, hill climb, time trial or record attempt, each individual driver and co-driver must be in possession of an FIA Driver's license. If you will be participating in an event outside of the United States you will need an International Competition Authorization. Such a license is issued by ACCUS, FIA to a person who meets the requirements of our ACCUS, FIA member clubs and the provisions of the FIA Sporting Code, who furthermore, holds a current, valid senior competition license issued by either: Grand-Am, IndyCar, NASCAR, NHRA, IMSA, SCCA, USAC or WKA. If no such license is held, an FIA Driver's license will not be issued. Applicants requiring competitor licenses for exclusive use in Karting, Rally, Historic and Drag Racing events should so indicate this use. One recent passport or passport quality size photograph of the applicant and a current medical must accompany all competitor applications. High quality electronic photographs will be accepted; file must be saved as driver's last name, comma, first name i.e. Doe, John.

Resident Foreigner: A resident of the U.S.A. who is not a **citizen** of the country **must** obtain a letter of authorization from the National Sporting Authority (ASN) of his/her country of citizenship before ACCUS, FIA can issue an FIA License to him/her. Driver's licenses and Entrant's licenses may be issued for one year only under this arrangement.

ACCUS, FIA may refuse to issue a license without stating any reason for such refusal. Furthermore, ACCUS, FIA may suspend, revoke or refuse to renew an FIA license held by a person under suspension by his member club, or whose affiliation with a member club has been terminated. In addition, it may suspend or revoke a license following a hearing of the circumstances by the ACCUS, FIA Board or committee appointed by the Board.

The possession of an FIA License in no way guarantees the holder a blanket acceptance to compete. The organizer of an event has the right to refuse or exclude any entrant or driver without stating any reason.

For further information contact the member club listed on the application.

IMSA

ACCUS



ACCUS USE ONLY

Grade: _____

Grade: _____

Date Received: _____

Amount Paid: _____

FIA License #: _____

Instructions

Fees: \$275 FIA License
\$150 International Competition Authorization – required for event participation outside of the U.S.A.

Make check payable to: IMSA
Attach one recent passport size photo and a current medical
Mail to: 1394 Broadway Ave., Braselton, GA 30517
Lost, stolen, upgrade or replacement license fee: \$50.00

2012

APPLICATION FOR AN FIA DRIVER'S LICENSE

(See other side of this form regarding information for FIA License Applicants)

I, the undersigned, hereby apply for an FIA **Driver's** License to be issued by the Automobile Competition Committee for the United States, FIA, Inc.

(Please Print or Type)

Full Name: _____

Permanent Address: Street _____

City: _____ State: _____ Zip: _____

Telephone Numbers (Home): _____ (Office): _____

Cell #: _____ Fax #: _____

Date of Birth: _____ E-Mail Address _____

Are you a U.S. citizen? Yes No If not, what country*: _____

*If applicant is not a U.S. citizen applicant **MUST** obtain a permission letter from his/her home country ASN prior to an ACCUS license being issued.

If applicant is to compete in Historic Races only, please check here

If applicant is to compete in Rallies only, please check here

If you have previously held an FIA **Driver's** License provide:

Number: _____ Year: _____ Grade: _____

Signature (License Holder): _____ **Date:** _____

Conditions of FIA Licenses: For entering a car, an Entrant's License is required. For driving a car, a Driver's License is required. If entrant and driver are one and the same, both an Entrant and Driver License must be held. Licenses are valid for competing in any event on the FIA Calendar, unless endorsed for Drag Racing, Historic Racing, Karting or Rallies Only. Licenses are valid for the calendar year only. Applications for renewal will be provided by the Member Clubs.

If you are participating in an event outside of the U.S. please be aware of all FIA International Sporting Code regulations found on the FIA website at www.fia.com Additionally be aware of the Therapeutic Use Exemptions (TUE) process as outlined in Appendix A of the FIA International Sporting Code.

Club Endorsement and Temporary License:

Approved by: _____ Date: _____

This temporary license is valid for 30 days from this date.

COOPER TIRES PROTOTYPE LITES POWERED BY MAZDA DRIVER BIO and PERSONALITY PROFILE

To be completed by all drivers competing in the COOPER TIRES PROTOTYPE LITES POWERED BY MAZDA Series events. The information will be used in event souvenir programs, media guides, online, and other media exposure opportunities, except for phone number and email address, which will remain confidential.

Full Name:

Team Name:

Birthdate:

Birthplace:

Residence:

Email Address:

Website:

Cell Phone:

Height/Weight:

Marital Status (Spouse's name if applicable):

Children (Number/Names):

College Attended:(Degree(s), Major, College attended):

Facebook page / Twitter handle:

My current passenger car?

My first race car and age:

What is your home racetrack?

My Career outside of racing is?

Best advice I ever received was?

Racing personality (driver, owner, crew member, etc.) I admire the most?

Person/event that made the biggest influence on my racing life?

Person/event that made the biggest influence on my personal life?

Special Interests (like reading, cooking, biking, music)?

Have you gotten certification, taken racing schools, or raced extensively on any of the tracks in the series?

If you are new to the series, briefly take us through your racing background:

Goal for 2012?

Please return to IMSA along with your applications.



**COOPER TIRES PROTOTYPE LITES CHAMPIONSHIP
DRIVER LICENSE APPLICATION
PREVIOUS EXPERIENCE CERTIFICATION**



DRIVER'S NAME:			
ADDRESS:			
HOME PHONE:		WORK:	
FAX:		MOBILE:	
E-MAIL:			

Please List Experience With Most Recent First:

Dates	Race / Series	Sanctioning Body	License Number

Please attach proof, such as copies of race results and copies of previous licenses. Additional information may be attached.

- I certify that the above information is true and correct.
- I give IMSA my permission to contact any organization to verify this information and hereby authorize those organizations to release such information. I agree to hold IMSA and those organizations harmless for any damages or consequences arising from this release of information.
- I understand and agree that IMSA is a private, membership organization. It reserves the right to deny the issuance of any license, or to revoke any license previously issued, for any reason at any time, in accordance with the IMSA code.
- By signing this certification, I am agreeing that I will not initiate or maintain litigation of any kind against IMSA, its officers, directors, race organizers, race participants or any affiliated or parent company.

SIGNATURE: _____ **DATE:** _____
PRINT NAME:

PAGE 1 OF 3 TOTAL PAGES
IMPORTANT LEGAL DOCUMENT – READ CAREFULLY

**MINOR CHILD RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of allowing the MINOR CHILD NAMED BELOW to compete, officiate, observe, work for, volunteer, attend or participate in any way (collectively "Participate" or "Participation") in ANY IMSA organized, sanctioned, promoted, ancillary or related events or activities (collectively "Event") for and during the calendar year 2012 (and any subsequent years THE MINOR CHILD may Participate) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited, including but not limited to, the competition area and any hot pit or paddock area), EACH OF THE UNDERSIGNED, ON BEHALF OF THE MINOR CHILD, AS PARENT OR GUARDIAN, and for his/her, AND THE MINOR CHILD's personal representatives, executors, administrators, trustees, guardians, successors, assigns, heirs and next of kin agrees:

1. The Events are conducted by IMSA in its capacity as a private member organization and are not a service rendered to the public at large.
2. THE MINOR CHILD NAMED BELOW does not currently have a Guardian Ad Litem, executor, administrator, trustee or any other fiduciary (collectively "GUARDIAN") having authority, named or appointed, in any manner, to handle the affairs of the MINOR CHILD NAMED BELOW other than the UNDERSIGNED PARENT OR GUARDIAN. The UNDERSIGNED PARENT OR GUARDIAN HEREBY REPRESENTS AND WARRANTS TO IMSA AND THE RELEASEES HEREINAFTER SET FORTH THAT THEY HAVE FULL, COMPLETE AND UNRESTRICTED AUTHORITY TO ACT ON BEHALF OF THE MINOR CHILD NAMED BELOW. **If the MINOR CHILD NAMED BELOW does have a GUARDIAN to handle the affairs of the MINOR CHILD NAMED BELOW, the UNDERSIGNED PARENT OR GUARDIAN HEREBY REPRESENTS AND WARRANTS TO IMSA AND THE RELEASEES HEREINAFTER SET FORTH THAT THE GUARDIAN HAS CONSENTED TO AND AUTHORIZED THE PARTICIPATION OF THE MINOR CHILD UNDER AND PURSUANT TO THE TERMS AND CONDITIONS HEREIN PROVIDED and the UNDERSIGNED PARENT OR GUARDIAN IS ACTING PURSUANT TO SUCH AUTHORIZATION.**
3. THE MINOR CHILD AND PARENT OR GUARDIAN will immediately inspect the RESTRICTED AREA upon entering same and warrant their entry therein and/or the MINOR CHILD's Event Participation constitutes an acknowledgement they have inspected the RESTRICTED AREA and find it safe and reasonably suited for the purpose of its use. The undersigned agree that if at any time in the RESTRICTED AREA they believe something is unsafe, they will bring it to the attention of an official, and they will remove themselves AND THE MINOR CHILD from the RESTRICTED AREA and the MINOR CHILD will withdraw from Participation in the Event.
4. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, THE PARENT OR GUARDIAN AND THE MINOR CHILD NAMED BELOW HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE IMSA, its parent, subsidiaries, or any affiliated entities, including, but not limited to, any other racing associations or series, sanctioning organizations or any affiliated entities thereof, track operators, track owners, participants, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners, vendors, lessors, and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and for each of them, their directors, officers, agents and employees, (all of which are hereinafter collectively referred to as the "Releasees"), FROM ALL LIABILITY TO THE PARENT OR GUARDIAN OR THE MINOR CHILD NAMED BELOW, AND FOR EACH OF THE PARENT OR GUARDIAN OR MINOR CHILD NAMED BELOW, EACH OF THEIR personal representatives, executors, administrators, trustees, guardians, successors, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OF THE MINOR CHILD NAMED BELOW OR RESULTING IN DEATH OF THE MINOR CHILD NAMED BELOW ARISING OUT OF (directly or indirectly) OR RELATED (directly or indirectly) TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, THE PARENT OR GUARDIAN AND THE MINOR CHILD NAMED BELOW HEREBY AGREE TO INDEMNIFY, RELEASE, SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any loss, liability, damage, or cost (including

reasonable attorney fees), of whatsoever nature or description, they may incur due to claims brought against the Releasees arising out of any injury or death or damage to property of the THE PARENT OF GUARDIAN OR THE MINOR CHILD NAMED BELOW while they are in the RESTRICTED AREAS and/or while THE MINOR CHILD NAMED BELOW Participates in the EVENT(S) and whether caused by the negligence of the RELEASEES or otherwise.

6. THE PARENT AND OR GUARDIAN NAMED BELOW HEREBY ACKNOWLEDGES THE EVENT IS POTENTIALLY VERY DANGEROUS AND MAY INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE TO THE MINOR CHILD NAMED BELOW. THE PARENT OR GUARDIAN NAMED BELOW ALSO EXPRESSLY ACKNOWLEDGES ANY INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES. THE PARENT OR GUARDIAN AND THE MINOR CHILD NAMED BELOW HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE TO THE MINOR CHILD NAMED BELOW ARISING OUT OF OR RELATED (DIRECTLY OR INDIRECTLY) TO THE EVENT WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
7. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, THE PARENT AND OR GUARDIAN NAMED BELOW HEREBY agrees that this MINOR CHILD 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 Event(s) 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.
8. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, THE PARENT OR GUARDIAN NAMED BELOW HEREBY agrees this Agreement shall be binding upon and enforceable against him/her, AND THE MINOR CHILD NAMED BELOW, and for each of the PARENT OR GUARDIAN BELOW OR THE MINOR NAMED BELOW, each of their personal representatives, spouse, executors, administrators, trustees, guardians, successors, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S) in which the MINOR CHILD NAMED BELOW PARTICIPATES.
9. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, this release and waiver of liability, assumption of risk and indemnity agreement shall include in its effect all claims or controversies of whatsoever nature or description, known or unknown, suspected or unsuspected, fixed or contingent arising, directly or indirectly, from the Events in which THE MINOR CHILD NAMED BELOW shall Participate. THE PARENT OR GURDIAN AND THE MINOR CHILD NAMED BELOW acknowledges there is a risk subsequent to the execution of this agreement, THE PARENT OR GUARDIAN AND THE MINOR CHILD may discover, incur or suffer claims which were unknown or unanticipated claims which arose from, are based upon or are related to the Events in which THE MINOR CHILD NAMED BELOW may Participate, which if known by THE PARENT OR GUARDIAN OR THE MINOR CHILD NAMED BELOW as of the date of execution of this agreement would have materially affected the decision of THE PARENT OR GUARDIAN OR THE MINOR CHILD NAMED BELOW to execute this agreement. THE PARENT OR GUARDIAN AND THE MINOR CHILD NAMED BELOW acknowledge and agree by reason of their execution of this agreement; they are assuming all risk of all unknown and unanticipated claims and agree their release of the Releasees applies with equal effect to all such claims. THE PARENT OR GUARDIAN AND MINOR CHILD NAMED BELOW expressly waive whatever benefits they may have under Section 1542 of the California Civil Code (and other state similar statutes to the fullest extent permissible by applicable law), which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." This agreement is intended in its effect to include any known, unknown, suspected or unsuspected claims of whatever nature or description.
10. **The Parent or Guardian named below acknowledges, agrees and understands that this Minor Child Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is not meant in its effect to be violative of applicable law, but, rather, is meant to have in its effect the fullest and most complete release and waiver of liability, assumption of risk and indemnity provisions permissible by applicable law according to the terms and conditions herein set forth. The Parent or Guardian named below understands and agrees that should the scope of any provision of this Minor Child Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement be declared too broad to permit enforcement of such provision to its full extent or otherwise declared too broad to permit enforcement of this Minor Child Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, then such provision and this Minor Child Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement shall not be invalidated but rather enforced to the maximum extent permitted by applicable law.**

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READ CAREFULLY BEFORE SIGNING

THE PARENT OR GUARDIAN HAS READ THIS MINOR CHILD RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTANDS IT HAS GIVEN UP SUBSTANTIAL RIGHTS OF THE MINOR CHILD AND OF ITSELF BY SIGNING IT, AND HAS SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO HIM/HER AND HE/SHE INTEND THIER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW IN EVERY JURISDICTION IN WHICH THE MINOR CHILD PARTICIPATES IN AN EVENT. THE UNDERSIGNED PARENT OR GUARDIAN UNDERSTANDS AND AGREES THAT BY SIGNING THIS AGREEMENT THEY ARE ACTING ON BEHALF OF AND IN THE PLACE AND STEAD OF THE MINOR CHILD AND WILL BE LIABLE TO THE RELEASEES TO THE FULLEST EXTENT PERMISSIBLE BY LAW FOR THE ENFORCEMENT OF THE TERMS, COVENANTS AND AGREEMENTS HEREIN CONTAINED. I/WE ACKNOWLEDGE AND AGREE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

1. **I HAVE READ THIS RELEASE**
_____ Parent or Guardian (Signature)



Father/Mother/Guardian
(Circle One)

_____ Date

I represent that I have sole legal custody or am the sole parent/guardian
(INITIAL)

Father/Mother/Guardian
(Circle One)

2. **I HAVE READ THIS RELEASE**
_____ Parent or Guardian (Signature)

_____ Date

Printed name of MINOR Participant: _____ Date of Birth ____/____/____

Printed Name of Parent or Guardian: 1. _____

Printed Name of Parent or Guardian: 2. _____

(If Notarized) Subscribed and sworn to at: _____ Before me this ____ day of _____ A.D.20__

Signature of Event Official or Notary Public

Printed Name of Event Official or Notary Public

_____ County, State of _____ My Commission Expires: _____