



2019 ANNUAL PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of my minor child THE UNDERSIGNED ("Minor") being permitted to participate in any way in the EVENT(S) from November 1, 2018 to October 31, 2019 and /or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited) during the Events, I agree:

- 1. I know the nature of the EVENT(S) and the Minor's experience and capabilities and believe the Minor to be qualified to participate in the EVENT(S). I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact and I will have the minor make such inspections. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS AND participation in the Event(s) and/or entry into Restricted Areas INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's own actions, or inactions, the actions or inactions of others participating in the Event(s), the rules of the Event(s), and the negligent enforcement thereof, the condition, operation, design, and layout of the premises and equipment, or lack of insufficiency thereof, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
3. I consent to the Minor's participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSES, IN WHOLE OR IN PART, BY THE NEGLIGENCE, INCLUDING NEGLIGENT RESCUE OPERATION OF THE "RELEASEES" NAMED BELOW.
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, car owner, drivers, pit crews, rescue personnel, any persons in any Restricted Area, sponsors, advertisers, owners and lessees of premises used to conduct the Event(s), premises or event inspectors, surveyors, underwriters, consultants, and other persons or entities who give recommendations, directions or instructions or engage in risk evaluation or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "RELEASEES," FROM ALL LIABILITY TO ME, THE MINOR, my AND THE MINOR'S PERSONAL REPRESENTATIVES, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE "RELEASEES".
5. If, despite this release, I, the Minor or anyone on the Minor's behalf makes a claim against any of the "Releasees" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF RELEASEES.
6. I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian of the Minor. I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

I HAVE READ THIS RELEASE

Signature of Parent or Guardian Printed Name of Parent or Guardian Date

I HAVE READ THIS RELEASE

Signature of Parent or Guardian Printed Name of Parent or Guardian Date

STATE OF COUNTY OF

The foregoing instrument was acknowledged before me this day of , 20 by

, who is () personally known to me; or () has produced

the following type of identification:

(NOTARY SEAL/STAMP)

Signature of Notary Public or Witnessing IMSA Official

Printed Name of Notary Public or IMSA Official



2019 MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT

I, THE UNDERSIGNED have obtained my parent's consent to participate in the EVENT(S) from November 1, 2018 through December 31, 2019. I understand that I am assuming all of the risks if I get hurt during the EVENT(S) and I state the following:

1. My parent and I believe I am qualified to participate in the EVENT(S). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the EVENT(S).
2. I UNDERSTAND THAT THE ACTIVITES OF THE EVENT ARE VERY DANGEROUS AND INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
3. I KNOW THAT THESE RISKS AND DANGERS MAY BE CAUSED BY my own actions or inactions, the actions or inactions, of others participating in the event(s), the rules of the EVENT(S), the condition and layout of the premises and equipment, or THE NEGLIGENCE OF OTHERS, INCLUDING THOSE PERSONS RESPONSIBLE FOR CONDUCTING THE EVENT(S).
4. I ACCEPT AND ASSUME ALL SUCH RISKS OF BEING HURT OR KILLED, and want to be allowed to participate in the EVENT(S).

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

I HAVE READ THIS RELEASE

Signature of Minor Participant

Date Release Signed

Print Name of Minor Participant

Age of Minor Participant

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is () personally known to me; or () has produced the following type of identification: _____.

(NOTARY SEAL/STAMP)

Signature of Notary Public or Witnessing IMSA Official

Printed Name of Notary Public or IMSA Official



READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF INTERNATIONAL MOTOR SPORTS ASSOCIATION, LLC, ITS PARENT, SUBSIDIARY, AND/OR AFFILIATED COMPANIES AND/OR THEIR EMPLOYEES, CONTRACTORS, SUBCONTRACTORS, AND/OR AGENTS, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM INTERNATIONAL MOTOR SPORTS ASSOCIATION, LLC, ITS PARENT, SUBSIDIARY, AND/OR AFFILIATED COMPANIES AND/OR THEIR EMPLOYEES, CONTRACTORS, SUBCONTRACTORS, AND/OR AGENTS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND INTERNATIONAL MOTOR SPORTS ASSOCIATION, LLC, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This acknowledgement and assumption of risk is written pursuant to and in compliance with Florida Statute §§ 549.09 and 744.301.

I HAVE READ THIS RELEASE

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

I HAVE READ THIS RELEASE

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____, who is () personally known to me; or () has produced

the following type of identification: _____.

(NOTARY SEAL/STAMP)

Signature of Notary Public or Witnessing IMSA Official

Printed Name of Notary Public or IMSA Official