**MEDICINE HAT MOTORCYCLE SOCIETY – ONE DAY**RELEASE, WAIVER AND ASSUMPTION OF RISK (RIDER FORM)

SINGLE OR PRIMARY NAME: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTOCROSS UTV

**IMPORTANT INFORMATION**

ALL riders & spectators must sign the day waiver.

In order to obtain a gate key, you will be required to exchange government ID, Credit Card, or $300 cash deposit, which will be returned once the key is returned.

Please remember that it is your responsibility to lock the gate behind you every time you go through it.

**Anyone caught misusing their day waivers or memberships to let in additional people that haven’t paid their day waiver or membership will be banned immediately and indefinitely…zero tolerance policy.**

It is mandatory that all riders take at least one slow lap each and every time you are out to verify track conditions and to see if there have been any changes to the track.

PLEASE VISIT OUR WEBSITE FOR FULL SET OF RULES/REGULATIONS AND UPDATES: [www.mhms.ca](http://www.mhms.ca)

**AGREEMENT**

I understand and hereby acknowledge that participation in motorcycle/UTV racing activities involves certain risks and dangers which are inherit to the very nature of the sport itself and include but are not limited to: extreme physical stress, extreme activity, high speeds, high risk in riding over natural and or man-made obstacles or hazards. I acknowledge that the foregoing is not an exclusive list and is meant solely to emphasize the level of risk inherit, inherent in riding and racing in riding and racing motorcycles which could result in serious personal injury and/or death.

In consideration of being permitted to participate in any of the activities or programs of the medicine hat motorcycle society (hereinafter called the society), or being permitted access to any land owned or leased to or occupied or used by the society, or being granted membership in the society and for other good and valuable consideration, I hereby freely and voluntarily assume all risks inherent in motorcycle racing and in any activity related to motorcycling and hereby release, remise and forever discharge the society, or any of their elected officials, officers, independent contractors, and agents, and other race participants and riders for any claim, loss, damage, injury, expense and liability whatsoever without limitation suffered by me including any liability due to the negligence or breach of contract of the society, the city, or any of their elected officials, officers, independent contractors, and agents in connection with my participation in scheduled events taking place by the society or any other lands used by the society for its activities.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected with my participation in any of the activities or programs of the society whether scheduled or while riding on any land leased or otherwise occupied by the society.

I further acknowledge that I have carefully read this release and understand that by signing it I am relinquishing any and all rights I, my heirs, executors, administrators, and assigns might have against the society and/or any of their elected officials, officers, independent contractors, and agents.

I hereby sign that I have read and understood all conditions and will fully comply with all rules and regulations and that I have received a copy of the track rules.

700000

DATED THIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PRINT NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PRIMARY SIGNATURE ACKNOWLEDGING UNDERSTANDING AND ACCEPTANCE OF THE CONDITIONS OF THE ABOVE WAIVER AND HAS RECEIVED A COPY OF THE TRACK RULES.

|  |  |  |
| --- | --- | --- |
| $30 – SINGLE | $50 –FAMILY | $10 per dayCAMPING# OF DAYS \_\_\_\_ |

# X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT PAID:

# WITNESS SIGNATURE PLEASE CIRCLE ONE

**\*IF THIS IS A FAMILY ONE DAY PASS, PLEASE COMPLETE THE REVERSE.**

MEDICINE HAT MOTORCYCLE SOCIETY

**PARENT ACKNOWLEDGEMENT - RELEASE AND AGREEMENT TO INDEMNIFY**

I, We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being the parents of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print name all children to be covered under this waiver)

(hereinafter called my child / children) for good and valuable consideration. The receipt whereof being hereby acknowledges:

1. That I have read and understand the attached RELEASE WAIVER AND ASSUMPTION OF RISK agreement and have read and agree to the rules set out in the MHMS TRACK OFFICIAL ORIENTATION PACKAGE.
2. That I have explained to my child the consequences of signing the said RELEASE WAIVER ASSUMPTION OF RISK agreement.
3. That the said RELEASE WAIVER AND ASSUMPTION OF RISK agreement is on the whole beneficial to my child.
4. That I hereby release the Medicine Hat Motorcycle Society (the “Society”), their elected officials, officers, employees, independent contractors and agents from all liability, and do hereby waive as against the Society, their elected officials, officers, employees, independent contractors and agents all recourse, claims, causes of action of any kind whatsoever, in respect of damages I might suffer as a consequences of my child sustaining personal injury, death or property loss while participating in any of the activities or programs of the Society or while riding on the land owned or leased or otherwise occupied or used by the Society, notwithstanding that such injury, death or loss may have been caused solely or partly by the negligence or breach of contract of the Society, or any of their elected officials, officers, employees, independent contractors and agents.
5. That I do hereby agree to indemnify and hold harmless the Society, their elected officials, officers, employees, independent contractors and agents from all claims, demands causes of action of any kind whatsoever including those involving negligence on the part of the said Society and/or its agents that may be made or initiated by, or on behalf of my child arising out of or connected with my said child’s participation as well in any of the activities or programs of the society or while riding on any land owned or leased or otherwise occupied or used by the Society.
6. That this agreement is binding on me, my heirs, executors, administrators, and assigns.

**Dated this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20­­­\_\_\_\_\_\_\_**

**SIGNED in the presence of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Parents (PLEASE PRINT)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **FATHER (SIGNATURE)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MOTHER (SIGNATURE)**