**FIVE MILE POINT SPEEDWAY SEPTEMBER 19th, 2020**

IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any

way in the EVENT(S), I for myself, my personal representatives, heirs, and next of kin:

1. Affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way

been exposed to any communicable diseases (including but not limited to the virus commonly

referred to as COVID-19) within the past thirty days;

2. Acknowledge that I am aware that by entering the premises and participating in the EVENT(S)

that there are risks to me and to those with whom I interact of exposure, directly or indirectly,

to communicable disease(s) including but not limited to the virus “severe acute respiratory

syndrome coronavirus 2 (SARS-CoV-2)”, “COVID-19” and/or any mutation or variation thereof;

3. HEREBY voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE on

behalf of myself or on behalf of others with whom I interact, the promoters, participants, racing

associations, sanctioning organizations or any subdivision thereof, track operators, track owners,

officials, competition vehicle owners, drivers, pit crews, rescue personnel, any persons in any

RESTRICTED AREA, promoters, sponsors, advertisers, owners and leases 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 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 personal representatives, assigns, heirs, and next of kin for any and all

loss or damage, and any claim or demands therefor, whether caused by the negligence of the

Releasees or otherwise;

4. HEREBY agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of

them from any loss, liability, damage, or cost they may incur arising out of or related to my illness

or death, whether caused by the negligence of the Releasees or otherwise.

I HAVE READ THIS COMMUNICABLE DISEASE RELATED HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**ALL SECTIONS MUST BE COMPLETED.**

PRINT NAME HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN NAME HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_