

**MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT**

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EVENT NAME	LOCATION	SANCTION #	EVENT DATE (S)
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I have obtained my parent's consent to participate in the above event (s), I understand that I am assuming all of the risks if I get hurt during the event(s) and I state the following:

1. Both 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 ACTIVITIES 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).

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

**I HAVE READ THIS RELEASE**

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SIGNATURE OF MINOR PARTICIPANT

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DATE

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PRINTED NAME OF MINOR PARTICIPANT

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AGE

**I HAVE READ THIS RELEASE**

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WITNESS

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PRINTED NAME OF WITNESS

**MID-AMERICA RACE PARK**

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**NOTARIES COMPLETE THE FOLLOWING SECTION:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the county of \_\_\_\_\_,

State of \_\_\_\_\_, the person adult \_\_\_\_\_,

being of legal age, personally appeared before me to the person whose name is herein subscribed.

NOTARY SIGNATURE \_\_\_\_\_

Notary Public, County of \_\_\_\_\_

**SEAL**

My Commission Expires \_\_\_\_\_