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

All SCCA and SCCA Pro Sanctioned Events

CALENDARYEAROF 20

DESCRIPTION AND LOCATION OF EVENT(S)

INCONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the SCCA and SCCA Pro Sanctioned EVENT(S) 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), 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. 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 involves RISKS AND DANGERS OF ILLNESS, 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), the condition and layout of the premises and equipment, 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 Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
- 3. The undersigned further affirms that the Minor has not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to COVID-19) within the past thirty days.
- 4. I acknowledge that I am aware that by the Minor entering the premises and participating in the EVENT(S) that there are risks to the Minor and to those whom he/she interacts of exposure, directly or indirectly, to communicable disease(s), viruses, bacteria, pathogens 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.
- 5. 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, ILLNESS, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
- 6. 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 owners, 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, employees, representatives, owners, members, affiliates, successors and assigns, 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 OR ILLNESS TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
- 7. 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 THE RELEASEES OR OTHERWISE.

R	I sign this agreement on my ov	wn hehalf and on hehalf of t	he Minor MINO	R NAME & DA	TF OF F	RIRTH
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I HAVE READ THIS ANNUAL 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.

ALL SECTIONS MUST BE COMPLETED.

1. APPLICANT Legal Signature:	I HAVE	READ THIS RELE	ASE	Date:
Applicant Printed Name:				
Date of Birth:	Affiliation:			
Subscribed and sworn to at		before me this	day of	A.D. 20
2. APPLICANT Legal Signature:	I HAVE	READ THIS RELE	ASE	Date:
Applicant Printed Name:				
Date of Birth:	Affiliation:			
Subscribed and sworn to at		before me this	day of	A.D. 20
NOTARY		Notary Public:		
SEAL		My Commission Expires:_		

ANNUAL MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

	All	SCCA	and	SCCA	Pro	Sanctioned	Events
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CALENDARYEAR OF 20

DESCRIPTION AND LOCATION OF EVENT(S)

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 parents 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. Iunderstand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF LINESSORMY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
- 3. The undersigned further affirms 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 COVID-19) within the past thirty days.
- 4. I 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 whom I interact of exposure, directly or indirectly, to communicable disease(s), viruses, bacteria, pathogens 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;
- 5. 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).
- 6. I hereby assume all such risks, even if the risks are created by the **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their officers and employees, all of which are referred to as "Releasees."
- 7. I hereby release, waive, covenant not to sue, and discharge, all of the Releasees from all liability to me, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any illness or injury to me including, but not limited to, my death, whether caused by the **negligence** of the Releasees or otherwise.

I HAVE READ THE ABOVE ANNUAL ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

ALL SECTIONS MUST BE COMPLETED.

APPLICANT Legal Signature:	I HAVE	READ THIS RELEASE	Date:		
Applicant Printed Name:					
Date of Birth:	Affiliation:	Men	nber Number:		
Subscribed and sworn to at		before methis	dayof	A.D. 20	
NOTAL	RY	Notary Public:C My Commission Expires:	county, State of		