



2019 DRIVER APPLICATION

Registration Fee: \$300 | Membership Fee: \$50-\$105

Name:				Member #:		
Cell:		Cell Carrier:		Email:		
Team Name and/or Affiliation:						
Do you want to renew your membership in the same format as 2018 (First Gear, Individual, or Family)?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please indicate which format do you want?						

The following is required for new drivers. If you are a returning driver and any information has changed, please update it.

DOB:		Social Media:	
Street Address:			
City, State, Zip:			
Emergency Contact:		Emergency Contact Phone:	

The following information will need to be provided in addition to this form:

Emailed to Hannah Orme: horme@sccapro.com

- Head shot photo
- Medical Form (required only for new drivers or those with an expired medical)
- Racing Resume (required for all drivers; include details if you've been held out of competition by a sanctioning body)

Mailed to SCCA Pro Racing, 463 Southpoint Circle, Unit 400, Brownsburg, IN 46112

- Release and Waiver of Liability (drivers over 18 years old): an original, color copy of the waiver notarized or witnessed by an SCCA Pro Racing Registrar
- SCCA Minor Participant Waiver (drivers 15-18 years old): an original, color copy of the waiver notarized or witnessed by an SCCA Pro Racing Registrar

Acknowledgement/Disclaimers:

The Applicant agrees to permit the SCCA Pro Racing and its assigns (including, but not limited to, subsidiaries, series sponsors, promoters/organizers of the Event), free of any charges, duties or fees, to use, license, reproduce, have reproduced, show, have shown, without limitation in space or time, all drawings, soundtracks, photographs, trademarks, films/video pictures concerning competitors, their drivers, teams or cars involved in the event(s) on any medium whatsoever for any documents, reports, coverage, broadcast, program, publication, video game or model production, software, etc. whether past, present or future. The Applicant further acknowledges and agrees that SCCA Pro Racing may freely assign or License its rights to a third party.

Additional Comments:	
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Driver Signature:		Date:	
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Payment Authorization Information

By providing the information below and signing your name, you authorize SCCA Pro Racing to charge your credit card \$300 for an F4 U.S. Driver Registration Fee and the applicable SCCA Membership fee.

Name on Card:		Zip Code:		Phone:	
Card Number:		Exp. Date:		CCV:	
Signature:				Date:	



Examination and Medical History Forms

Please Keep a Copy

Reverse side of form to be completed by examiner (MD, DO, PA-C or NP) and returned to the applicant. Any blanks will delay processing of the license!

Memorandum to Examining Physician:

You are being asked to examine this applicant for the purpose of obtaining an automobile racing license. This form is a guide and tool for you to determine if the applicant is medically qualified to race. This form concentrates on the organ system and disease processes that may jeopardize the applicant or others while attending a competitive racing event.

Page One (this page) - Instructions for completing the Physical Examination form, and should be read carefully by both the examining physician and the applicant.

Examination is to be completed by a Physician.

Medical History is to be completed by the applicant.

A. The functional suggested requirements of a driver in a competition automobile are:

1. Ability to rapidly operate acceleration, braking, and steering mechanisms/systems.
2. Vision: distant vision correctable to 20/40 each eye, ability to distinguish basic colors, and peripheral vision to 70 degrees in the horizontal median for each eye.
3. Should have minimal chance of sudden incapacitation from any disease process.
4. Ability for rapid mental activity, problem solving, and decision-making.
5. Ability to maintain an aerobic level heart rate for more than 20 minutes.

B. The environment this applicant may operate in is:

1. Temperature extremes from 0 degrees (F) to 120 degrees (F) for long periods of time.
2. Smoke, fumes, vapor, caustic chemicals, and dust.
3. Loud noise and vibration.
4. Increased potential for exposure to fire.

Special Cases: In a case where consults are needed, the consultant should be made aware of the information in **Section A** and **Section B** of this memorandum.

Requirement of All Applicants*: All applicants must submit a completed APPLICANT'S MEDICAL HISTORY and PHYSICIAN'S EXAM. Similar forms from NASA or full FAA may be acceptable. However, the applicant will be held accountable to the rules, laws, and other parameters, as set forth by the issuing organization or agency.

Renewals:

Applicants that are less than 40 years old must renew their Physical Examination every five years.
Applicants that are at least 40 years old must renew their Physical Examination every three years.
Applicants that are at least 50 years old must renew their Physical Examination every two years.
Applicants that are at least 70 years old must renew their Physical every 12 months.

Note to the examining physician: Please note the "Renewals" section of this document (above). Consideration should be given to the length of time between examinations, unless otherwise specified with highlighted notation in the comment section found on the PHYSICIAN'S EXAMINATION page of this document.

Note to Physician and Applicant: Medical Fitness of a Driver-Changes in Medical Condition after approved physical. Refer to GCR 2.3.2.A.3.

Examination

To be completed by a MD, DO, PA-C or NP only. Any blanks will delay processing!
Examination shall not be more than six (6) months old upon license application.
There are Four PAGES to this form. Please see "APPLICANT'S MEDICAL HISTORY" and "SCCA Competition License Physical Examination Instructions." Use the fourth page for any explanations.

Applicant's Name: _____ Date: _____ Member #: _____

Age: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Blood Pressure: _____ Pulse: _____ Respiration: _____ Weight: _____ Height: _____

NEUROLOGICAL

Reflexes: _____ Normal _____ Abnormal

Other tests performed: _____

CARDIAC

Cardiac Exam: _____ Normal _____ Abnormal

METABOLIC *if yes then HgbA1C level recommended*

History of diabetes: _____ No _____ Yes

HgbA1C (less than 10) _____

VISION

Vision (use numbers 20/20) OD (Right) : _____ / _____ OS (Left): _____ / _____ OU (Both): _____ / _____

Color Vision: _____ Test: _____

Peripheral Vision (use numbers) degrees from midline: _____ OD: _____ OS: _____ Test: _____

Medical conditions to consider in the decision to approve candidate

- | | | |
|---|---|---|
| 1. Less than 20/40 corrected vision in the better eye | 7. Diabetes | 12. Epilepsy |
| 2. Alcoholic or drug addiction | 8. Loss of consciousness | 13. History of Heart Attack |
| 3. Blood pressure: Diastolic over 90, systolic over 160 | 9. Psychological problems | 14. History of Cardiac Disease |
| 4. All gross deformities subject to listing | 10. Implanted Defibrillator | 15. Use of Narcotics |
| 5. History of Syncope | 11. Limitations of endurance in any activities of daily living (i.e. climbing 2-3 flights of stairs without stopping) | 16. Reduced pulmonary capacity (includes the need for supplemental oxygen.) |
| 6. Loss of extremity or eyes | | |

RACING is a physically demanding sport.

The environment frequently involves high temperatures with a limited ability to cool and requires long periods of aerobic exertion. If the applicant experiences any physical or medical limitations that would potentially affect their ability to tolerate the demands of racing, approval should not be given.

Please contact SCCA with any questions at 1-800-770-2055

APPROVED

Medical history and examination approved
Applicant is fit for motor racing
Additional review may apply for FIA applicants

Physician's Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____

FAILED

Applicant is not fit for motor racing

Physician's Signature _____

Printed Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Date _____



Applicant's Medical History

(To be completed by Applicant)

Applicant: For the purpose of obtaining a SCCA Competition License, complete this page legibly and in its entirety. Failure to complete the information will delay processing of your license. The examining physician must complete the second page of this form.

Member # _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, St, Zip: _____

Email Address: _____ Occupation: _____

Phone: (H) _____ (W) _____ (C) _____

Personal Physician: _____ Phone: _____

Address: _____ City, St, Zip: _____

PLEASE INDICATE IF YOU EVER HAD, OR HAVE NOW, ANY OF THE FOLLOWING:

Do You Have or Have You Ever Had?	Yes	No	Do You Have or Have You Ever Had?	Yes	No
Frequent or severe headaches			Any drug, narcotic, or alcohol problems		
Unconsciousness for any reason			Psychiatric/mental health problems		
Dizziness or fainting spells			Eye trouble (except glasses)		
Epilepsy or seizures			Asthma		
Coronary artery disease or angina			Diabetes requiring insulin		
Heart valve disease			Anemia or other blood diseases Including abnormal bleeding		
Left Bundle Branch Block (heart)			Admission to a hospital in the past 12 months for any reason		
Abnormal cardiac rhythms			Allergy(s) to medications List:		
High Blood pressure			Routine use of Pain Medication		
Operation(s) on brain			Amputations/physical disability		
Operation(s) on heart			Illness(es) not listed above List:		
Operation(s) on eyes, nerves, blood Vessels, or bone			Do you require the use of supplemental oxygen or other external breathing device?		
Previous waiver(s) from SCCA, NASA, or other sanctioning body for medical condition(s) list:			Previous denial(s) from SCCA, NASA, or other sanctioning body due to Medical reasons		

Blood Thinner Medication (circle) YES NO

Comments and details of any condition noted above (Use the fourth page for any explanations that do not fit here) Medication Used (including eye drops) _____

Members Signature _____ Date _____

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

ALL SCCA AND/OR SCCA PRO SANCTIONED EVENTS

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the calendar year of 20____ SCCA OR SCCA PRO SANCTIONED EVENTS 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, for myself, my personal representatives, heirs, and next of kin:

1. I acknowledge, agree, and represent that I have or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which I enter, and further agree and warrant that, if at any time, I am in or about RESTRICTED AREAS and I feel anything to be unsafe, I will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. I HEREBY RELEASE, WAIVE, 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, promoters, sponsors, advertisers, owners and lessees 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 ME, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. I HEREBY AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur due to claims brought against the Releasees arising out of or related to my injury or death from the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. I HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I HEREBY agree this Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S) during the calendar year.

I HAVE READ THIS ANNUAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY 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.

APPLICANT Legal Signature: I HAVE READ THIS RELEASE Date of birth: _____ Date: _____

Printed Name of Applicant: _____ Member Number: _____

SCCA Official or Notary Public: _____ SCCA Member Number: _____

(If Notarized) Subscribed and Sworn to at _____ before me this _____ day of _____ A.D. 20 _____.

_____ County, State of _____

My Commission Expires: _____





Annual Waiver & Release of Liability – CALIFORNIA ONLY

If you are a driver over the age of 18 who is having the annual waiver notarized in California, you must use the waiver on the following page.

All other drivers should use the previous page.

For questions, please contact Hannah Orme (horme@sccapro.com).

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

ALL SCCA AND/OR SCCA PRO SANCTIONED EVENTS

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the calendar year of 20____ SCCA OR SCCA PRO SANCTIONED EVENTS 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, for myself, my personal representatives, heirs, and next of kin:

1. I acknowledge, agree, and represent that I have or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which I enter, and further agree and warrant that, if at any time, I am in or about RESTRICTED AREAS and I feel anything to be unsafe, I will immediately advise the officials of such and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. I HEREBY RELEASE, WAIVE, 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, promoters, sponsors, advertisers, owners and lessees 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 ME, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. I HEREBY AGREE TO DEFEND, INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur due to claims brought against the Releasees arising out of or related to my injury or death from the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. I HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. I HEREBY agree this Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S) during the calendar year.

I HAVE READ THIS ANNUAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY 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.

APPLICANT Legal Signature: _____ **I HAVE READ THIS RELEASE** _____ Date: _____

Applicant Printed Name: _____

Date of Birth: _____ Member Number: _____

ACKNOWLEDGEMENT BY NOTARY PUBLIC

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____

On _____ before me, _____,
(date) (notary name)

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the
(applicant)

person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ My Commission expires: _____



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

All SCCA and SCCA Pro Sanctioned Events

CALENDAR YEAR OF 20_____

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the calendar year 20____ 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 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. 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 CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE 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 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 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.
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 THE RELEASEES OR OTHERWISE.
6. I sign this agreement on my own behalf and on behalf of the Minor.

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 RELEASE _____ 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 RELEASE _____ Date: _____

Applicant Printed Name: _____

Date of Birth: _____ Affiliation: _____

Subscribed and sworn to at _____ before me this _____ day of _____ A.D. 20 _____.



Notary Public: _____

_____ County,

State of _____

My Commission Expires: _____

