



Automobile Racing Club of America
7980 Lewis Avenue - Temperance, MI 48182
P.O Box 380 – Temperance, MI 48182
Phone - 734-847-6726 / Fax 734-847-3137

**AUTHORIZATION FOR TESTING AND RELEASE
(MINOR DRIVER)**

I _____, hereby give my consent to the Automobile Racing Club of America, Inc. (ARCA) and its designated agents to collect blood, urine, saliva, hair and breath specimens from me; and to test those specimens for the presence of alcohol, adulterants, or any other prohibited substance under ARCA's Substance Abuse Policy; and to conduct such other tests as ARCA deems necessary from time to time. I have received, read and understand the ARCA Substance Abuse Policy dated _____.

I recognize that the ARCA Substance Abuse Policy has been adopted and is administrated by ARCA to promote the integrity of ARCA-sanctioned racing and the safety of ARCA Competitors, Officials, and spectators. Accordingly, I ALSO HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS ARCA, its officers, employees, directors, agents and such drug testing facilities and Medical Review Officers as ARCA retains or selects in connection with implementation of the Policy, as well as the officers, employees, and agents of each of them, and any other persons or entities against whom I might have a claim, from and / or for claims, damages, losses, or expenses of any kind, whether caused by negligence or otherwise, arising out of the implementation of the ARCA Substance Abuse Policy, or any act or omission in the connection therewith, including and without limitation the testing of specimens and the publication of the test results and circumstances giving rise to such tests to any third party or parties by ARCA or said drug testing facilities or said Medical Review Officers, as well as the officers, employees and agents of each of them or any other persons or entities.

If participant is under 19 years of age this authorization must be signed by a parent or legal guardian.

This Authorization will expire on February 2, 2020

I have received and read a copy of this document

ARS Car #: _____ Team Name: _____ Team Owner: _____

Print Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Minor Driver Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

Adult Witness Signature: _____ Date: _____