



**ADULT/MINOR RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT  
PLEASE READ CAREFULLY**

We understand that the promoters and/or the New England Motocross Association DO NOT provide medical insurance coverage.

I/We hereby release, waive, covenant not to sue and discharge the promoter, participants, New England Motocross Association, NEMA Board Members, sanctioning organization or any subdivision thereof track operator, track owner, officials, vehicle sponsors, advertisers, owners riders, pit crews and any persons in any restricted areas, promoters, lessees, of premises use to conduct the event and each of the, their officers and employees, all for the purposes therein referred to as "Releases," from all liability to the undersigned, my/our personal representatives, assigns, heirs and next of kin for any and all loss or damage and any claim or demand on account of any injury to the participant included but not limited to, death, whether caused by the negligence of the Releases, or otherwise while myself of minor (as specified) is in or upon the restricted area and/or competing, officiating in, observing, working for or for any purpose participating in the event or any NEMA sanctioned event.

I/We will inform and instruct minor participant that upon entering any restricted area, I and/or the minor, must continuously thereafter inspect such restricted area and all portions thereof which myself and/or the minor comes in contact, and I/We further warrant that my and/or the minors entry upon such restricted areas and my and/or the minors participating, if any, in the event constitutes and acknowledgment that I and/or the minor, has inspected such restricted areas and the I/We find and accept the same as being safe and responsible suited for the purpose of my and/or the minors use, and I/We further agree in warrant that if, at any time, he/she is in or above restricted areas and if I and/or the minor feels anything is unsafe, I and/or the minor will immediately advise the officials of such and will leave the restricted areas.

I/We the undersigned expressly acknowledge and agree the activities of the event are very dangerous and involve the risk of serious injury and/or death and/or property damage.

Each of the undersigned parent or guardians for the minor participant agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the said minor in or upon the restricted or in any way competing officiating, observing or working for any purpose participating in the event and caused by the negligence of the Releases otherwise.

THE UNDERSIGNED OR LEGAL GUARDIAN HAVE READ AND VOLUNTARILY SIGNED MINOR RELEASE AND WAIVER OF LIABILITY IN INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENT OR INDUCEMENTS APART FROM THE FORGOING WRITTEN AGREEMENT HAVE BEEN MADE. THE UNDERSIGNED FURTHER AGREES TO ASSUME ALL RESPONSIBILITY FOR DOCTOR, AMBULANCE, HOSPITAL AND MEDICAL EXPENSES AND ANY LOSS OR INJURY TO ME/THE MINOR AND OR PERSONAL PROPERTY DUE TO PARTICIPATION IN ANY NEMA EVENT.

I HEREBY AGREE TO CONFORM TO AND COMPLY WITH ALL THE RULES SET FORTH BY THE PROMOTING CLUBS AND THE NEW ENGLAND MOTOCROSS ASSOCIATION.

**DATED:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_  
**SIGNATURE OF RIDER- IF A MINOR; PARENT OR LEGAL GUARDIAN MUST SIGN**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_, BEFORE ME, \_\_\_\_\_, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME (OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.

IN WITNESS WHEREOF I HEREUNTO SET MY HAND.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
DATE COMMISSION EXPIRES: \_\_\_\_\_

**REGARDLESS THE AGE OF THE RIDER, THIS FORM MUST BE NOTARIZED**

**NEW ENGLAND MOTOCROSS ASSOCIATION  
MEDICAL RELEASE**

I, \_\_\_\_\_ **PARENT/LEGAL GUARDIAN OF MY WARD (OR FOR MYSELF)** \_\_\_\_\_, HEREBY GIVE CONSENT TO ANY AVAILABLE ATTENDING MEDICAL PERSONNEL TO EXAMINE MY WARD AND RENDER WHATEVER TREATMENT (OR MEDICAL ADVICE) THAT IS NECESSARY FOR THE PHYSICAL WELL BEING AND HEALTH OF MY WARD. THIS INCLUDES THE TREATMENT OF MINOR, MAJOR AND LIFE THREATENING INJURIES. **DATED:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_, BEFORE ME, \_\_\_\_\_, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED \_\_\_\_\_, KNOWN TO ME (OR SATISFACTORILY PROVEN) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.

IN WITNESS WHEREOF I HEREUNTO SET MY HAND.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC  
DATE COMMISSION EXPIRES: \_\_\_\_\_

**REGARDLESS THE AGE OF THE RIDER, THIS FORM MUST BE NOTARIZED**