

ROCKY ROOST MOTOSPORTS 2011

RELEASE OF LIABILITY

Please print legibly, include city, state & zip

NAME of Rider: _____

ADDRESS: _____

CITY _____ STATE _____

ZIP CODE _____

PHONE# _____

WORK/CELL PHONE#: _____

IN AN EMERGENCY CALL: _____

Email address _____

Parent name (PLEASE PRINT): _____

All medical, liability & no fault insurances are the responsibility of the individual RIDER, or PARENT/GUARDIAN. By signing this release you (the rider or parent/guardian) agree fully to the terms outlined below.

The undersigned individual, Parent or guardian, desiring to ride the facilities located at 995 cr. 16 Beaver Dams, NY 14812, Town of Orange, Does hereby forever release, acquit and discharge Wayne A. Harvey, Dorothy J. Brooks, The Sutryk Family and **any/all** landowners granting me the privilege of riding here from any and all causes of action, demands, and liabilities of any kind, name of nature, in any manner arising out of the use and/or enjoyment of riding on our properties. The landowners are not responsible for ANY injury or death, regardless of the reason for such injury or death. Motocross, ATV and dirt biking are dangerous sports, **I AGREE TO RIDE AT MY OWN RISK!.....**

Signature _____

Date signed _____

If under 18, Parent or Legal guardian signature is required.