

RELEASE FORM

I fully understand that Kris Morris and Randy Morris and staff members of R&K OFF ROAD are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Kris Morris and Randy Morris d/b/a R & K OFF ROAD staff to render temporary first aid to any individual in the event of any injury or illness, and if deemed necessary by Kris Morris and Randy Morris d/b/a R & K OFF ROAD staff, to call our doctor and to seek medical help, including transportation by Kris Morris and Randy Morris d/b/a R & K OFF ROAD, its member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said individual should the Kris Morris and Randy Morris d/b/a R & K OFF ROAD staff deem it necessary.

We, the staff of Kris Morris and Randy Morris d/b/a R & K OFF ROAD recognize our obligation to make our competitors and their parents aware of the risks and hazards associated with the sport of R & K OFF ROAD racing. Competitors may suffer injuries, possibly minor, serious or catastrophic in nature. These activities can be dangerous and can lead to injury! Individuals should be aware of the possibility of injury and it is encouraged that you follow all the safety rules and instructions.

The undersigned agree, Kris Morris and Randy Morris d/b/a R & K OFF ROAD, its employees or representatives and other staff members, are not responsible for injuries sustained by any competitor during the course of R & K OFF ROAD racing or any events relating thereto, in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I still wish to participate in the events offered by Kris Morris and Randy Morris d/b/a R & K OFF ROAD. I, my heirs, executors, and other representatives, waive and release all rights and claims for damages that I or my child may have against Kris Morris and Randy Morris d/b/a R & K OFF ROAD and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

Participant Name, Address City, State, Zip Code _____

Phone number Parent/Guardian phone number _____

Emergency Contact Emergency contact phone number _____

Medical Insurance Company Medical Insurance Policy number _____

X _____
Participants or Participants Mother/Guardian Signature: if under (18) Date _____

X _____
Participants Father/Guardian Signature if under (18) Date _____