

**2023 ANNUAL PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

THIS IS A TWO-PAGE DOCUMENT. READ BOTH PAGES BEFORE SIGNING.

PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS FORM IF YOU ARE UNDER THE AGE OF 18 OR CONSIDERED A MINOR IN YOUR STATE OF RESIDENCE (i.e., under the age of 21 or 18, as applicable).

IN CONSIDERATION of my minor child (“the Minor”) being permitted to participate in any way in the 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 and I will have the minor make such inspections. 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) AND WILL NOTIFY AMA PRO RACING OFFICIALS IMMEDIATELY.

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 INVOLVE 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), and the negligent enforcement thereof, the condition, operation, design, and layout of the premises and equipment, or lack or insufficiency thereof, or THE NEGLIGENCE OR FAULT 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 Risks 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 CAUSES, IN WHOLE OR IN PART, BY THE NEGLIGENCE OR FAULT INCLUDING WITHOUT LIMITATION NEGLIGENT RESCUE OR MEDICAL OPERATIONS 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 owner, drivers, pit crews, rescue, safety or medical 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, and each of their respective parents, directors, officers, agents and employees, 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, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, FAULT 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, DEFEND 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 ANY CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER SUCH CLAIM IS BASED ON THE NEGLIGENCE, FAULT OF THE RELEASEES OR OTHERWISE.

6. The parent's or legal guardian's signature on this application must be witnessed by an AMA Pro Official or bear the notarized signature of parent or legal guardian (such signature shall be on behalf of both parents where the minor has two parents), which shall acknowledge and be a waiver and release of any and all claims such parent(s) or legal guardian may have. I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian 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 OR NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Print Name of Minor Participant

Minor Participant's DOB and Age

ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY AN AMA PRO RACING OFFICIAL

Parent or Legal Guardian Signature: _____ Date: _____
I HAVE READ THIS RELEASE

Parent or Legal Guardian Printed Name: _____
I HAVE READ THIS RELEASE

Witness (AMA PRO OFFICIAL ONLY): _____ Date: _____

***** OR HAVE NOTARIZED BELOW *****

Subscribed and sworn to at _____ before me

this _____ day of _____, A.D. 20 _____

Notary Public _____ County _____

State of _____ My Commission Expires: _____

AMERICAN FLAT TRACK MEMBERSHIP TERMS AND CONDITIONS

All members and licensed participants agree to the following Terms & Conditions: IN CONSIDERATION of my being granted a membership, license and/or competition privileges in the Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing (hereinafter collectively known as AMA Pro Racing) sanctioned EVENT(S), as a participant or being permitted to compete, practice, officiate, observe, work for and/or at, or for any purpose participate in any capacity in future EVENT(S), or being permitted to enter for any purpose or in any capacity any RESTRICTED AREAS (defined as any area requiring special authorization, credentials, or permission to enter any area to which admission by the general public is restricted or prohibited), I, on behalf of myself, my personal representatives, spouse, assigns, heirs, and next of kin do hereby agree to the following:

Drug and Alcohol Testing; Release: I recognize the importance of maintaining the safety and integrity of professional motorcycle racing. Accordingly, I agree to strictly comply with the 2023 American Flat Track Rulebook and its Substance Abuse Policy (the "Policy"). I understand that my agreement to comply with the Policy is an essential precondition to the issuance of a License and that I must abide by the Policy and submit to such testing procedures as may be conducted from time to time at the sole discretion of AMA Pro Racing or its assigns as a condition of continued licensure. I further understand that any violation of the Policy, or failure or refusal to submit to testing and honestly participate in any testing procedure, will result in immediate disciplinary action in any AMA Pro Racing sanctioned professional or American Motorcyclist Association ("AMA") sanctioned amateur events. Finally, I hereby release, indemnify, defend and hold harmless AMA Pro Racing, the AMA, their respective LLC members and/or investors, directors, trustees, officers, employees, agents, personnel as well as any consultants and any laboratories or testing facilities retained by AMA Pro Racing or its assigns for the purpose of conducting drug or alcohol tests in connection with the Policy, from any and all liability related in any way to any tests conducted in connection with the Policy or the disclosure of the results of any such tests.

Physical Examination: I certify that I am in good health and suffer from no impairment, illness or injury which impairs in any way my ability to participate in motorcycle racing events. I agree to inform AMA Pro Racing of any medical condition, impairment, injury or illness which in any way casts a question on my ability to participate in a safe and competent manner. I agree to immediately notify AMA Pro Racing of any change in my medical condition that could in any way affect my ability to participate in a safe and competent manner. I also agree to comply with any request from AMA Pro Racing regarding evidence of medical condition. I understand that AMA Pro Racing retain the right to prevent me from participating in sanctioned events pending examination(s) to determine my medical condition or my ability to participate in a safe and competent manner.

Production, Recording, Promotion Rights and Restrictions and Related Matters: I agree that all rights, property, ownership and interest in any broadcast, dissemination, display, and/or publication by audio, radio, television, electronic means, internet, storage device, filming, web posting, satellite, cable, the worldwide web, motion pictures, video (home or otherwise) production and/or recording, still photos and/or images, or by any other means or media whether now existing or to be developed (including the transcription, recording and/or storing of any broadcast and/or any or all of the foregoing) of any AMA Pro Racing sanctioned event (and/or portion thereof), the event (race venue) premises during an AMA Pro Racing event, and/or of any AMA Pro Racing activity or undertaking anywhere on or in the event premises (race track surface and run-off areas, pit lane and the pits, paddock, control tower, winner's circle, garages, inspection areas, public and spectator areas and the like), and/or anything relating thereto, shall be the sole property of AMA Pro Racing, and may not be used in any way, direct or indirect, without the prior written permission of AMA Pro Racing. Any and all revenues, incomes, benefits, control and/or consideration from any broadcast, airing, transmission, display, recording and/or publication of the foregoing shall belong exclusively to AMA Pro Racing for its sole and unlimited use. I hereby consent to the use of my images of and waive any intellectual property interests that I own that would in any way interfere with any broadcast of any AMA Pro Racing sanctioned event. I further agree that AMA Pro Racing and/or its assigns, on a non-exclusive basis, may use my name and pictures (including pictures of my racing equipment, if owned by me or entrusted to me and under my control, and pictures, images, and tapings taken at any sanctioned event) for any purpose and in any media including, but not limited to, television, internet, motion pictures and home video production. I also understand that AMA Pro Racing may, from time to time, engage a sports marketing firm, to, among other things, promote the image of professional motorcycle racing, and I agree to cooperate with AMA Pro Racing and its sports marketing firm in such efforts.

Independent Contractor: I hereby certify that I am not an agent or employee of AMA Pro Racing or the AMA, and I assume all responsibility for all charges, premiums and taxes, if any, payable on any funds that I may receive as a result of my competitive activities, including without limitation social security taxes, unemployment insurance taxes, worker’s compensation insurance, income taxes and withholding taxes.

Waiver: I acknowledge that motorcycle racing is a dangerous activity, the risks of which cannot be completely eliminated. I acknowledge that by participating in any AMA Pro Racing-sanctioned event, I am assuming the risk of property damage and serious injury up to and including death. I acknowledge that I will have the opportunity to inspect and review any and all courses upon which AMA Pro Racing-sanctioned events shall be conducted, and will notify AMA Pro Racing officials of any conditions that I consider to be unsafe. My participation in events is voluntary, and I waive any and all claims for personal property damage, injury, or death against AMA Pro Racing, the AMA, the promoters, the track owner(s) or any of their respective LLC members and/or investors, directors, trustees, officers, employees, agents, personnel as well as any of their contractors and/or consultants.

Acknowledgment and Representation: I acknowledge and understand that it is my responsibility to properly maintain this credential. I understand that my credential is subject to rules in the 2023 American Flat Track Rulebook. I represent that I am not contractually or otherwise prohibited from entering into any and all of the agreements set forth in the Paragraphs hereof, or from executing Releases, Waivers or Consents required for participation in AMA Pro Racing sanctioned events.

I further acknowledge that this license/credential has been issued by AMA Pro Racing for my exclusive use. I agree to abide by and act in accordance with the 2023 American Flat Track Rulebook as shall be amended from time to time hereafter, which serves as the official competition and conduct rules of the American Flat Track championship, and agree to abide by any amendments or supplemental rules. Transfer or misuse of this license/credential is cause for revocation.

Signature: _____ **Date:** _____

Printed Name: _____

2023 ANNUAL PARTICIPANT RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of my being granted a membership, license and/or competition privileges in the Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing (hereinafter collectively known as AMA Pro Racing) sanctioned EVENT(S), AND AFT Events, LLC, as a participant or being permitted to compete, practice, officiate, observe, work for and/or at, or for any purpose participate in any capacity in future EVENT(S), or being permitted to enter for any purpose or in any capacity any RESTRICTED AREAS (defined as any area requiring special authorization, credentials, or permission to enter any area to which admission by the general public is restricted or prohibited), I, on behalf of myself, my personal representatives, spouse, assigns, heirs, and next of kin:

1. ACKNOWLEDGES, AGREES, AND REPRESENTS 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 I further agree and warrant that, if at any time, I am in or about any 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. HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Daytona Motorsports Group, LLC, AMA Pro Racing, and/or the AFT Events, LLC, the American Motorcyclist Association, the promoters, organizers, participants, racing associations, sanctioning organizations and/or any subdivision thereof, track operators, track owners, and with respect to each and every one of the foregoing entities, all of their directors, officers, shareholders, owning members, investors, employees, executives, and personnel, officials and their assistants, motorcycle owners, riders, competition vehicle owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREAS, promoters, sponsors, advertisers, owners, and lessees, designers and constructors 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), all owners, lessees, manufacturers, distributors, wholesalers, retailers, designers, inspectors, and sponsors of all racing motorcycles and racing and other equipment on the premises during any EVENT(S), and all other persons, firms, or corporations insured by any liability policy procured by or on behalf of the AMA Pro Racing, AND AFT Events, LLC, or any EVENT(S) organizers, promoters, sponsors, or teams, and each of them, their directors, officers, agents, and employees, all for the purpose herein referred to as the RELEASEES, FROM ALL LIABILITY TO, THE UNDERSIGNED, my personal representatives, spouse, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED IN ANY WAY ARISING OUT OF OR RELATED TO THE EVENT(S), from any cause whatsoever, including, without limitation, the failure of anyone to enforce rules and regulations, the failure to make inspections, the condition of any portion of the track or premises, defective products, and any act or omission of the RELEASEES or any of them or any other act WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE AND WHETHER OR NOT OCCURRING IN RESTRICTED AREAS.

3. HEREBY AGREES TO INDEMNIFY, DEFEND 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 the UNDERSIGNED'S INJURY OR DEATH while I am in the RESTRICTED AREAS and/or while competing, practicing, qualifying, officiating, observing or working for or for any purpose participating in the EVENT(S) and WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4. HEREBY ASSUMES 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 OR FAULT OF THE RELEASEES OR OTHERWISE.

5. HEREBY ACKNOWLEDGES THAT THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED also expressly acknowledges and knowingly accept that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OR MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. HEREBY AGREES THAT THIS PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OR MEDICAL OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Municipality, State and/or Province, Country 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. HEREBY AGREE that, in the event that I sustain any injury while participating in or observing any EVENT for any purpose or while in any RESTRICTED AREA for any purpose, any rescue personnel or medical personnel may release such medical information about my condition to representatives of AMA Pro Racing, AFT Events, LLC, the EVENT promoter, sanctioning organization, track operator, or track owner as necessary to allow such individuals to properly report that information to representatives of the sanctioning organization and/or insurance carriers.

8. **HEREBY AGREE** this Agreement shall be binding upon and enforceable against me, my personal and/or legal representatives, spouse, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S).

I HAVE READ THIS ANNUAL PARTICIPANT 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 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.

I HAVE READ AND VOLUNTARILY SIGN THIS ANNUAL PARTICIPANT RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

APPLICANT IS: _____ Single _____ Married

Legal Signature (APPLICANT): _____ Date: _____

Printed Name (APPLICANT): _____

ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY AN AMA PRO RACING OFFICIAL

Witness (AMA PRO OFFICIAL ONLY): _____ Date: _____
*** OR ***

Subscribed and sworn to at _____ before me

this _____ day of _____, A.D. 20 _____

Notary Public _____ County _____ State of _____

My Commission Expires: _____

MINORS ONLY

PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR SPOUSE AND MINOR'S LEGAL RIGHTS.

BY SIGNING THIS AGREEMENT/WAIVER, I AM GIVING UP MY RIGHTS AND THE RIGHTS OF MY SPOUSE AND/OR CHILDREN TO SUE DAYRONA MOTORSPORTS GROUP, LLC, dba AMA PRO RACING (HEREINAFTER COLLECTIVELY JNOWN AS AMA PRO Racing)

COMPLETE THE SECTION BELOW IF YOU ARE UNDER THE AGE OF 18 OR CONSIDERED A MINOR IN YOUR STATE OF RESIDENCE (i.e., under the age of 21 or 18, as applicable).

This application must bear the signature of parent or legal guardian (such signature shall be on behalf of both parents where the minor has two parents), which shall acknowledge and be a waiver and release of any and all claims such parent(s) or legal guardian may have.

I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian of the Minor. I HAVE READ THIS 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 OR NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

***ALL SIGNATURES FOR MINORS MUST BE NOTARIZED OR WITNESSED BY AN AMA PRO RACING OFFICIAL**

Witness (AMA PRO OFFICIAL ONLY): _____ Date: _____
*** OR ***

Subscribed and sworn to at _____ before me

this _____ day of _____, A.D. 20 _____

Notary Public _____ County _____

State of _____ My Commission Expires: _____

Name: _____ Telephone: (____) _____ Date of Birth: _____

COVID-19 HIPAA AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

This Authorization Form describes different uses and disclosures of health information, including as protected under applicable state and provincial law and also “protected health information” as defined by the federal Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) and the regulations promulgated thereunder. Unless otherwise revoked by me in writing, this Authorization expires eighteen (18) months after the date of signing this Authorization (“**Expiration Date**”). I hereby authorize the following uses and disclosures of my Health Information, as defined below, and as permitted or required by law:

A. General. I specifically authorize and direct any physician, healthcare provider, hospital or other healthcare facility who provided or is providing assessment, diagnosis, care, treatment or services to me prior to execution of this Authorization and/or any time after execution of this Authorization up to the Expiration Date, including their agents, employees and medical staff (collectively “**Health Care Provider**”) to release my “**Health Information**” (as defined below) to (1) the AMA Pro Racing Medical Liaison and/or their designated agents and employees (collectively “**Medical Liaison**”); and/or (2) Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing, their affiliates, agents, employees and consultants (collectively “**AMA Pro Racing**”) about me regarding assessment, diagnosis, care or treatment of COVID-19 (including, but not limited to negative/positive diagnosis, testing, test results, status and treatment), if applicable. *“Health Information” is defined as: the full and complete medical record; notes; reports; data; test results; documents related to examination or treatment for COVID-19; assessments; diagnoses; prognoses; medications and prescriptions; physician notes of patient interviews; privileged or private communications; and any and all other health information or records regarding my health or treatment, including correspondence, patient notes, and phone messages. I understand Health Information may include records disclosed to the Health Care Providers by other healthcare providers and facilities who previously provided treatment to me, and that it may include information and records protected under applicable state and provincial law and federal law.*

B. Discussion Permitted. I specifically authorize and direct any Health Care Provider to discuss, clarify or explain my Health Information with the Medical Liaison upon their request, for the purposes of safety, quality assurance/quality improvement, and/or for my assessment, treatment or care.

C. Disclosure by Medical Liaison for Certain Purposes. I authorize the Medical Liaison to use and disclose my Health Information in their possession to the following: (1) physicians, health care providers, hospitals, infield care centers, state and local health departments, and other health care facilities or medical providers for purposes of my assessment, care and treatment; and/or (2) AMA Pro Racing, and outside experts, physicians or consultants retained by any of them, for purposes of safety and quality assurance/improvement and making assessments and recommendations related to quality or safety. I understand the Medical Liaison and consulting physicians are not direct treatment providers; they are present at the racetracks to facilitate the sharing of information.

I understand that I have the right to revoke this Authorization in writing at any time by notifying, as applicable, the disclosing Health Care Provider and/or Medical Liaison. I understand that the revocation is only effective after it is received. I understand that any use or disclosure made prior to the revocation in reliance on this Authorization will not be affected by a subsequently received revocation.

I understand that once Health Information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient, and federal or applicable state and provincial law might not protect it. I understand a health care provider, hospital or health facility may not condition my treatment on whether this Authorization is signed. I understand that AMA Pro Racing rules and policies will govern whether I may participate in any AMA Pro Racing event if I choose to revoke this Authorization.

I have read this Authorization, I understand what it says, and any questions of mine have been answered to my satisfaction. I understand that I am entitled to receive a copy of this Authorization, and I allow a photocopy to be deemed valid as a signed original.

Signature: _____ Date: _____

If a minor, the back of this form must be signed by a parent

MINORS ONLY

COMPLETE THIS SECTION IF APPLICANT IS UNDER THE AGE OF 18 OR CONSIDERED A MINOR IN THEIR STATE OF RESIDENCE (i.e. under the age of 21 or 18 as applicable). This application must bear the signature of the applicant's parent or legal guardian (such signature shall be on behalf of both parents where the minor has two parents), which shall acknowledge and be a waiver and release of any and all claims such parent(s) or legal guardian may have.

I HAVE READ THIS COVID-19 HIPAA AUTHORIZATION FORM FOR THE USE AND DISCLOSURE OF THE MINOR APPLICANT'S HEALTH INFORMATION AND ACKNOWLEDGE THAT I AM GRANTING PARENTAL CONSENT. I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian of the Minor.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY AN AMA PRO RACING OFFICIAL

Witness (AMA PRO OFFICIAL ONLY): _____ Date: _____

***** OR *****

Subscribed and sworn to at _____ before me

this _____ day of _____, A.D. 20 _____

Notary Public _____ County _____ State of _____

My Commission Expires: _____

Name: _____ Telephone: (____) _____ Date of Birth: _____
Address: _____

**HIPAA AUTHORIZATION FOR THE USE AND DISCLOSURE
OF HEALTH INFORMATION**

Name: _____ Telephone: (_____) _____ Date of Birth: _____

This Authorization Form describes different uses and disclosures of health information, including as protected under applicable state and provincial law and also "protected health information" as defined by the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder. Unless otherwise revoked by me in writing, this Authorization expires eighteen (18) months after the date of signing this Authorization ("Expiration Date").

I hereby authorize the following uses and disclosures of my Health Information, as defined below, and as permitted or required by law:

A. General. I specifically authorize and direct any physician, healthcare provider, hospital or other healthcare facility who provided or is providing assessment, diagnosis, care, treatment or services to me prior to execution of this Authorization and/or any time after execution of this Authorization up to the Expiration Date, including their agents, employees and medical staff (collectively "Health Care Provider") to release my "Health Information" (as defined below) to (1) Daytona Motorsports Group LLC d/b/a AMA Pro Racing, their affiliates, agents, employees and consultants (collectively "AMAP"); (2) the AMAP Medical Liaison and/or their designated agents (collectively "Medical Liaison"); and/or (3) AMAP's Substance Abuse Policy's designated Medical Review Officer or its designated agent (collectively "Medical Review Officer") as requested by them for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or my assessment, treatment or care, whether related to a medical, psychological, psychiatric, or substance abuse condition. *"Health Information" is defined as: the full and complete medical record; hospital chart; medical history; notes; reports; data; test results; radiology reports, images and films (such as CT, MRI, and x-ray); documents related to examination or treatment for any physical or mental health condition, sickness or injury; assessments; diagnoses; prognoses; medications and prescriptions; insurance records; physician notes of patient interviews; privileged or private communications; and any and all other health information or records regarding my health or treatment, including correspondence, patient notes, and phone messages. I understand Health Information includes records disclosed to the Health Care Providers by other healthcare providers and facilities who previously provided treatment to me, and that it may include information and records protected under applicable state and provincial law (such as certain conditions) and federal law (such as alcohol or drug abuse).*

B. Contagious, Infectious, or Communicable Disease. I specifically authorize and direct any Health Care Provider to release to the Medical Liaison, AMAP, and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care or treatment of a contagious, infectious or communicable disease (including, but not limited to, HIV/AIDS information, tuberculosis, measles, negative/positive diagnosis, testing, test results, status and treatment), if applicable.

C. Mental Health Information. I specifically authorize and direct any Health Care Provider to release to the Medical Liaison, AMAP, and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care or treatment of a mental health condition, illness, or disease, if applicable, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care. This Authorization does not include the release of "psychotherapy notes" (as that term is defined by HIPAA) recorded by a healthcare provider who is a mental health professional regarding a counseling session, but only if such notes are held separately from my medical record. This Authorization does include, for example, all information held in my medical record, other professional notes, medication prescriptions and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

D. Alcohol/Drug Abuse. I specifically authorize and direct any Health Care Provider to release to the Medical Liaison and/or to the Medical Review Officer any Health Information about me regarding assessment, diagnosis, care, treatment or referral regarding alcohol and/or drug abuse, if applicable, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care.

E. Discussion Permitted. I specifically authorize and direct any Health Care Provider to discuss, clarify or explain my Health Information with the Medical Liaison and/or the Medical Review Officer, upon their request, for the purposes of safety, quality assurance/quality improvement, my ability or eligibility to compete, and/or for my assessment, treatment or care.

F. Disclosure by Medical Liaison for Certain Purposes. I authorize the Medical Liaison to use and disclose my Health Information in their possession, including but not limited to my Rider History & Licensing Forms, Track Incident Medical Reports, and Infield Care Center Reports, to the following: (1) physicians, health care providers, hospitals, infield care centers, and other health care facilities for purposes of my assessment, care and treatment; and/or (2) the Medical Review Officer, AMAP, and outside experts, engineers, physicians or consultants retained by any of them, for purposes of safety, quality assurance/improvement, my ability or eligibility to compete, to assist in reviewing accidents and health care services, and making assessments and recommendations related to quality or safety. I understand the Medical Liaison is not a direct treatment provider; they are present at the racetracks to facilitate the sharing of information.

G. Medical Review Officer Request. I acknowledge that, under the rules of AMAP's Substance Abuse Policy, the Medical Review Officer serves as an independent and impartial physician who investigates whether a laboratory non-negative test result was due to a legitimate medical explanation. I understand that under AMAP rules the Medical Review Officer may request medical information and records as part of inquiring into whether there is a legitimate medical explanation for a result. I specifically request and permit Health Care Providers and the Medical Liaison to disclose, discuss and explain my Health Information as necessary to respond to such a request from the Medical Review Officer.

I understand that I have the right to revoke this Authorization in writing at any time by notifying, as applicable, the disclosing Healthcare Provider, Medical Liaison, and/or the Medical Review Officer. I understand that the revocation is only effective after it is received. I understand that any use or disclosure made prior to the revocation in reliance on this Authorization will not be affected by a subsequently received revocation. This signed Authorization supersedes and replaces prior HIPAA authorizations, if any, that I have signed for AMAP and/or AMAP.

I understand that once Health Information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient, and federal or applicable state and provincial law might not protect it. I understand a health care provider, hospital or health facility may not condition my treatment on whether this Authorization is signed. I understand that AMAP and AMAP rules and policies will govern whether I may participate in any AMAP-sanctioned event if I choose to revoke this Authorization.

I have read this Authorization, I understand what it says, and any questions of mine have been answered to my satisfaction. I understand that I am entitled to receive a copy of this Authorization, and I allow a photocopy to be deemed valid as a signed original.

Signature: _____ Date: _____

Printed Name: _____

MINORS ONLY

COMPLETE THE SECTION BELOW IF YOU ARE UNDER THE AGE OF 18 OR CONSIDERED A MINOR IN YOUR STATE OF RESIDENCE (i.e., under the age of 21 or 18, as applicable). This authorization must bear the signature of parent or legal guardian (such signature shall be on behalf of both parents where the minor has two parents), which shall acknowledge and be a waiver and release of any and all claims such parent(s) or legal guardian may have. I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian of the Minor. I HAVE READ THIS HIPPA AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION PARENTAL CONSENT, 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 OR NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

PARENT'S SIGNATURE MUST BE WITNESSED BY AN ADULT NOT RELATED TO THE PARENT.

Witness Legal Signature: _____ Date: _____

Witness Legal Printed Name: _____

COVID-19 WAIVER AND RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK, INDEMNITY AND HOLD HARMLESS AND VOLUNTARY CONSENT AGREEMENT

THIS AGREEMENT (hereinafter, "Agreement") MUST BE CAREFULLY READ AND SIGNED IN CONSIDERATION OF my ability to participate, provide services for, conduct, prepare for or participate in any motorsports or affiliated activities leading up or related to, or otherwise attend or be present at events produced, promoted or sanctioned by Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing (hereinafter "AMA Pro Racing"), whether those events are professional motorcycle races or other entertainment events (collectively, "EVENT(S)"). The undersigned, on behalf of himself/herself, his/her personal representative, heirs, and next of kin (hereinafter collectively, the "UNDERSIGNED") hereby:

1. **EXPRESS ASSUMPTION OF RISK:** UNDERSIGNED hereby acknowledges and understands that the World Health Organization has declared COVID-19 a worldwide pandemic. COVID-19 is extremely contagious and spreads mainly from person-to-person contact. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions may have a higher risk for severe illness from COVID-19. There have been recommended guidelines and preventative measures put in place to reduce the spread of COVID-19; however, it CANNOT GUARANTEE that UNDERSIGNED will not become exposed to or infected with COVID-19, despite reasonable efforts to mitigate such dangers. Furthermore, the Activities could increase UNDERSIGNED's risk of contracting COVID-19. By signing this Agreement, UNDERSIGNED acknowledges the extremely contagious nature of COVID-19 and voluntarily assumes the risk that UNDERSIGNED may be exposed to or infected with COVID-19 from the Activities, and that such exposure or infection may involve the RISK OF SERIOUS INJURY, ILLNESS, PERMANENT DISABILITY AND/OR DEATH. UNDERSIGNED understands that the risk of becoming exposed to or infected with COVID-19 by UNDERSIGNED's participation in the Activities may result from the actions, omissions, or negligence of others and/or UNDERSIGNED, including, but not limited to, the RELEASEES (as defined below). UNDERSIGNED hereby expressly assumes all such risks and dangers whether presently known or unknown.

2. **WAIVER AND RELEASE:** UNDERSIGNED hereby RELEASES, WAIVES, AND FOREVER DISCHARGES , Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing (and its parents, affiliates and subsidiaries) or any subdivision thereof, any promoter, participant, racing association, track operator, track owner, officials, team owners, race teams, vehicle owners, drivers, pit crews, sponsors, advertisers (in each case associated in any way with any of the Events), owners and lessees of the premises used to conduct the EVENT(s), insurers, underwriters, consultants and others who give recommendations, directions or instructions or engage in risk evaluation or loss control activities regarding the Event(s), and each of their respective parents, subsidiaries, affiliated corporations and entities, shareholders, officers, directors, managing agents, employees, independent contractors, members, agents, and all other persons or entities participating or involved in the Events (hereinafter collectively, the "RELEASEES"), from any and all actions, causes of action, claims, suits, debts, dues, sums of money, bonds, bills, balances, losses, costs, expenses, damages, covenants, agreements, commitments, undertakings, promises, liabilities, obligations, lawsuits, judgments, orders and demands whatsoever, in law, at equity or otherwise, of whatever kind or nature, whether known or unknown, suspected or unsuspected, asserted, accrued, unaccrued, actual, contingent, or otherwise, direct or indirect and whether or not concealed or hidden arising out of, on account of or relating to any INJURY TO OR RESULTING IN DEATH (including but not limited to INJURY TO OR RESULTING IN DEATH FROM COVID-19) of the UNDERSIGNED arising out of or related to any of the UNDERSIGNED's Activities (hereinafter, the "RELEASED CLAIMS"). The UNDERSIGNED covenants that the UNDERSIGNED shall not directly or indirectly, bring, commence, institute, maintain, prosecute, aid or fund in any way any action of any kind or otherwise assert against any of the RELEASEES anywhere in the world any Released Claim.

3. **INDEMNITY AND HOLD HARMLESS:** UNDERSIGNED hereby agrees to DEFEND, INDEMNIFY AND HOLD HARMLESS, to the fullest extent permitted by law, the RELEASEES from losses, liabilities, obligations, claims, damages, settlements, injunctions, suits, actions, proceedings, demands, charges, fines, penalties, costs and expenses of every kind and nature, including reasonable fees, expenses and disbursements of attorneys, accountants and other professionals imposed upon, asserted against or incurred by any RELEASEE in connection with, arising out of or relating to (i) any Released Claim or (ii) the UNDERSIGNED's Activities, in each of (i) and (ii), whether caused by the ordinary negligence of the RELEASEES or otherwise and including and/or arising out of UNDERSIGNED's improper and/or tortious conduct in connection therewith.

4. **INFORMED CONSENT AND VOLUNTARY PARTICIPATION:** UNDERSIGNED fully acknowledges and understands that COVID-19 is extremely contagious. UNDERSIGNED has taken it upon himself or herself to be fully informed of the numerous risks and potential dangers associated with COVID-19, including SUFFERING SEVERE PERSONAL INJURY OR DEATH. UNDERSIGNED acknowledges that he or she has been informed that his or her PERSONAL SAFETY CANNOT BE GUARANTEED. UNDERSIGNED acknowledges that his or her participation in the Activities are completely voluntary, and he or she believes that the potential benefits of participation and/or services provided outweigh the risk and danger associated with COVID-19. For more information please see the Center For Disease Control's site at <https://search.cdc.gov/search/?query=corona&dpag=1>

5. UNDERSIGNED acknowledges that it is his or her responsibility to do all of the following: (1) exercise caution and follow any CDC or OSHA issued protocols (including without limitation those guidelines specifically referenced by AMA Pro Racing for the EVENT(S)) to protect the health of the UNDERSIGNED; (2) inform employer of any Activities which the UNDERSIGNED does not feel comfortable performing; (3) cease any activity and promptly report any physical discomfort, illness or complications while participating in any Activity; and (4) clear his or her participation of any Activity with his or her personal physician. UNDERSIGNED also agrees, represents and warrants that he or she will not participate in any Activity if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19.

6. UNDERSIGNED acknowledges that THIS AGREEMENT IS INTENDED TO BE FULLY SEVERABLE, and that if any portion of this Agreement is held invalid, it is agreed that the balance the Agreement shall continue in full legal force and effect. That shall include modifying the Agreement to allow the remainder of claims to be waived, released, and indemnified against in the event that the inclusion of any particular type of claim is found to be invalid or contrary to public policy. This Agreement is to be interpreted and enforced under the laws of Florida.

7. UNDERSIGNED hereby accepted all terms set forth herein and acknowledges this is the complete agreement between the parties regarding these issues, and UNDERSIGNED agrees and acknowledges that NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE APART FROM THIS AGREEMENT. UNDERSIGNED HAS COMPLETELY READ BOTH PAGES OF THIS AGREEMENT, FULLY UNDERSTANDS ITS TERMS, AND UNDERSTANDS THAT THIS IS AN IMPORTANT LEGAL DOCUMENT AFFECTING SUBSTANTIAL LEGAL RIGHTS. UNDERSIGNED SIGNS THIS DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO HIM OR HER AND UNDERSIGNED INTENDS HIS OR HER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. UNDERSIGNED was given ample opportunity to read the Agreement and/or have it reviewed by legal counsel of his or her choice. UNDERSIGNED was also offered a copy of this Agreement.

NAME (PRINT)

DATE OF BIRTH

SIGNATURE

DATED

MINORS ONLY

COMPLETE THIS SECTION IF APPLICANT IS UNDER THE AGE OF 18 OR CONSIDERED A MINOR IN THEIR STATE OF RESIDENCE (i.e. under the age of 21 or 18 as applicable). This application must bear the signature of the applicant's parent or legal guardian (such signature shall be on behalf of both parents where the minor has two parents), which shall acknowledge and be a waiver and release of any and all claims such parent(s) or legal guardian may have.

I HAVE READ THIS COVID-19 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 OR NEGLIGENCE, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT. I sign this agreement on my own behalf and on behalf of the Minor as the authorized parent or guardian of the Minor.

Parent or Legal Guardian Signature: _____ Date: _____

Parent or Legal Guardian Printed Name: _____

ALL SIGNATURES MUST BE NOTARIZED OR WITNESSED BY AN AMAP OFFICIAL (SEE NEXT PAGE)

Witness (AMA PRO OFFICIAL ONLY): _____ Date: _____

***** OR *****

Subscribed and sworn to at _____ before me

this _____ day of _____, A.D. 20 _____

Notary Public _____ County _____ State of _____

My Commission Expires: _____