



In return for the license to use the property, facilities and services (the "Facilities") of the Operator of this or any owned or affiliated facilities (as well as any other persons or entity related thereto) and/or its subsidiaries and affiliates ("OPERATOR"). The undersigned ("PARTICIPANT"), for themselves, their heirs, assigns and legal representatives, hereby expressly agrees to:

- 1. ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM PARTICIPANT'S USE OR PRESENCE UPON THE FACILITIES, including, without limitation, the risks of death, bodily injury or property damage resulting from collision between his or her vehicle and another vehicle, a person or stationary object; skidding; overturning; sudden stops; braking or acceleration; fire; the unavailability of emergency medical care; or the negligent or deliberate acts of another person;
2. RELEASE OPERATOR and all its successors, assigns, subsidiaries, branches, operators, affiliates, officers, directors, employees, and agents, landlords, and event sponsors from, and not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of PARTICIPANT'S use of or presence upon the Facilities, including without limitation, those based on death, bodily injury, or property damage, whether or not caused by the negligence or other fault of OPERATOR, including strict product liability or any other liability without fault;
3. RELEASE OPERATOR, and other parties identified in paragraph 2 and owners of the facilities ("OWNERS") of any and all responsibility to him or her and agrees to hold harmless OPERATOR and owners against any and all damages or injuries arising out of the use of the Facilities by any party, including other PARTICIPANTS, or by PARTICIPANT;
4. WAIVE the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to the claims; material or otherwise, which the person giving the release does not know or suspect to exist at the time or executing the release;
5. PAY for any willful or grossly negligent acts that result in damage to the Facilities caused by PARTICIPANT; and
6. AGREE that by participating in events or the utilization of facilities of OPERATOR, I acknowledge that I am cognizant of all the inherent dangers of driving vehicles offered to PARTICIPANT and will participate in the safety training that will be provided by the OPERATOR to attain the basic safety rules for driving such vehicles (and, if I need additional clarification, I will advise OPERATOR and request further assistance so that I may fully understand them). I agree that I will not participate in any events or utilize the facilities if I am impaired by drugs or alcohol, if I am pregnant, or if there is any other physical condition that may impair my ability to understand instructions or to participate without creating risk to others or myself. If patrons choose to drink, we encourage responsible drinking by patrons AFTER they are done driving but do not allow any driver to participate in racing or riding if they have consumed in excess of 2 alcoholic beverages during the course of their visit to Octane Raceway. We reserve the right to breathalyze all racers and riders. Any patron suspected of being impaired will be asked to take a breathalyzer test. Failure to take the test or the presence of alcohol in excess of .04 BAC will disqualify a patron's participation in any racing or riding for the remainder of their visit.

I HAVE READ THIS AGREEMENT. I UNDERSTAND THAT BY MAKING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS. I DO SO FREELY AND VOLUNTARILY. I FURTHER CERTIFY THAT I AM OF LAWFUL AGE, NOT PREGNANT, AND LEGALLY COMPETENT TO SIGN THIS AGREEMENT; THAT I UNDERSTAND THAT THE TERMS HEREIN ARE CONTRACTUAL AND NOT A MERE RECITAL; THAT I HAVE SIGNED THIS AGREEMENT AS MY OWN FREE ACT AND IF I HAVE ANY DOUBTS CONCERNING THE CONTENTS OF THIS AGREEMENT, I WILL CONSULT AN ATTORNEY BEFORE SIGNING IT.

Today's Date: _____

Minor Name: _____ Date of Birth: _____

Address: _____

Guardian Name: _____ Phone: _____

Guardian Signature*: _____ Email: _____

*Must be signed at Octane Raceway under the supervision of an Octane employee OR legally notarized.

STATE OF ARIZONA)

)

COUNTY OF MARICOPA)

Subscribed, sworn to and acknowledged, under oath, before me on this ____ day of _____, 20__

Notary Seal

(Signature of Notary)

My Commission Expires: _____