

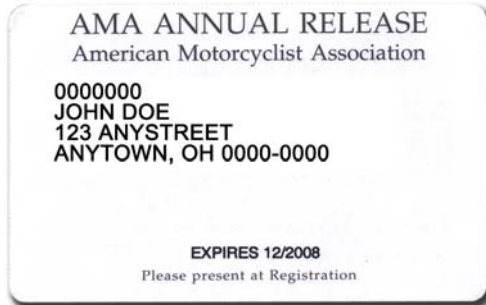
# AMA Adult Annual Release

The AMA Annual Release and Waiver meets *all* AMA Release, Waiver and Assumption of Risk requirements for any type of AMA-sanctioned event. When you have an AMA Annual Release on file, the AMA does not require you to complete any additional AMA waivers during event registration. This saves time for you and your event organizer.



rights. riding. racing.

American **Motorcyclist** Association



The AMA Annual Release is valid for one calendar year, from January 1 to December 31. Upon receipt and validation of your completed and notarized Annual Release, the AMA will mail you an Annual Release Verification Card (left). Present this card along with your current AMA membership card during registration at AMA-sanctioned events to certify that you have a valid AMA Annual Release on file.

***The AMA Annual Release is valid for AMA-sanctioned event registration only.***

Event organizers may have additional entry and registration requirements.

## Instructions

1. If you are at least 18 years old and compete at AMA-sanctioned events, this is the release you should use.
2. Print the release on a color printer. **The release must be printed in color.**
3. Complete the form and have it notarized in the space provided.
4. Mail the completed and notarized form to:

AMA Annual Release  
13515 Yarmouth Drive  
Pickerington, Ohio 43147

If you have any questions, please contact Cherie Schlatter, Organizer Services Manager, at [cschlatter@ama-cycle.org](mailto:cschlatter@ama-cycle.org) or (614) 856-1900 ext. 1242 or Darcel Higgins, Membership Services Manager, at [dhiggins@ama-cycle.org](mailto:dhiggins@ama-cycle.org) or (614) 856-1900 ext 1356.

**ADULT RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**  
**(READ CAREFULLY BEFORE SIGNING)**

**ALL AMA/ATVA EVENTS, ACTIVITIES AND/OR LOCATIONS**

**ALL 2008 DATES**

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited, including, but not limited to, the competition area and a hot pit or paddock area) THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she enters and he/she further agrees and warrants that, if at any time, he/she is in or about RESTRICTED AREAS and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and 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 the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, riders, crews, rescue personnel, and persons in any RESTRICTED AREA, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities, regarding the premises or EVENT(S) and for each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "RELEASEES from ALL LIABILITY, ON ANY LEGAL THEORY, TO THE UNDERSIGNED, his/her personal representatives, 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 ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of, or related IN ANY MANNER, TO MY ATTENDANCE AT, OR PARTICIPATION IN, THE EVENT(S).
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 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 property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by the laws of the State or Province 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.

**I HAVE READ THIS 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) FREELY AND VOLUNTARILY WITHOUT ANY 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 FURTHER ACKNOWLEDGE THAT FAILURE TO NOTARIZE THIS FORM SHALL NOT AFFECT ITS VALIDITY.**

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGN NAME HERE

ADDRESS \_\_\_\_\_

Receipt or AMA Number (receipt number located on upper right of application)

Subscribed and Sworn to at: \_\_\_\_\_ Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
County, State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

For official use only: Credential #: \_\_\_\_\_