



MX SPORTS PRO RACING

122 Vista del Rio Drive | Morgantown, WV 26508 | 304.284.0101 tel | 888.339.9416 fax

March 17, 2010

Dear 2010 Women's Motocross License Applicant:

Thank you for your interest in the 2010 MX Sports Pro Racing Motocross Program. Enclosed is important information needed to understand the program and apply for your WMX license for the 2010 Lucas Oil AMA Pro Motocross Championship.

Once your license application is received, MX Sports Pro Racing will confirm that it has been completed correctly, issue a competition number and process all charges. Processing delays are typically a result of incomplete paperwork. Once approved, we will print your license and notify you by email that your application has been approved and provide you with login information to your MX Sports Rider Account where you can register for events, update sponsors and manage contact information. Updates are currently in progress to make this online system available to WMX riders and should be available mid-April; therefore it is important to check your email and the series website www.mxsportsproracing.com often for updates.

Licenses will be made available for pick-up at the last two Supercross rounds and at all Pro Motocross events. ID will be required to obtain a license. If you would like your license direct shipped, contact the MX Sports Office with payment information and options.

License applications will only be approved at the MX Sports Pro Racing office - under no circumstances will an application be accepted or approved at an event. All WMX riders participating in any on-track activities (e.g., practice, qualifying or racing) must have a valid MX Sports Pro Racing Motocross license and an AMA Racing membership current through 9/6/2010. Completed applications must be received in the MX Sports Pro Racing office no later than 30 days prior to your first event of the season. **Modifications to the Terms and Conditions section of the license application will not be accepted. Faxed and/or e-mailed applications will not be accepted. All Release and Liability waivers must be printed out on a color printer.**

CONTACT INFORMATION

- For Eligibility and License Approval: Jeff Canfield at (304) 284-0101 or email jcanfield@mxsports.com.
- General Inquiries: Lesa Thomas at (304) 284-0101 or email lesa@mxsports.com.

WMX LICENSE CRITERIA

A. AGE REQUIREMENT

1. All license applicants must be at least 17 years of age at the time of application.
2. Applicants who do not meet the minimum age requirement, but who met the requirement and had been issued a WMX license in the previous year, will be grandfathered.
3. Beginning with the 2011 season, all license applicants must be at least 18 years of age at the time of application.

B. CRITERIA

1. Hold a WMX Pro Motocross license in either 2008 or 2009.
2. Earned top 10 overall in Women's Class at the AMA Amateur National Championship in 2008 or 2009.
3. Earned top 5 overall in Girls Class at the AMA Amateur National Championship in 2008 or 2009.
4. Competitor in FIM Women's World Cup in 2008 or 2009.

5. MX Sports Pro Racing may issue a license to any rider who does not meet the above criteria if it determines, in its sole discretion, that the rider has adequate competition experience. Prior to approval under this criteria riders must submit for advance approval an Eligibility Questionnaire found at www.mxsportsproracing.com. Please allow 2-4 weeks for approval. Do not submit a license application until approval is received.

WMX LICENSE APPLICATION CHECK LIST

ELIGIBILITY

- AGE:** Are you at least 17 years of age or otherwise meet the minimum age requirement?
- AMA MEMBERSHIP:** Is your AMA Racing membership current through 9/6/2010? If not, you must renew your membership BEFORE applying.
- CRITERIA:** Do you meet one of the above Criteria 1 - 4?
- NEW APPLICANTS:** If you are requesting eligibility under Criteria 5, have you submitted an Eligibility Questionnaire and received approval for application submittal?

FORMS & PHOTOS

Fill out all forms clearly. Do not leave any information blank. A photo must be submitted with your application.

- 2010 WMX License Application:** Be sure to provide your complete physical mailing AND current e-mail address. Communication will be primarily by e-mail.
- NEW APPLICANTS:** New riders approved to apply for a license must submit an **Original or Certified Copy** of their Birth Certificate. If you would like your Birth Certificate returned, include a self-addressed stamped envelope.
- IRS FORM W-9:** For U.S. citizens/businesses only. Foreign Riders, see below.
- PHOTOS:** Include two (2) passport-size photos for your season photo credential. Write your name on the back of each photo. **No hats or sunglasses allowed.** We will not use your 2009 photo.

WAIVERS, TERMS AND CONDITIONS

- 2010 MX Sports Pro Racing WMX Terms And Conditions:** Print in color, read and sign.
- 2010 Annual Participant Release, Waiver of Liability, Assumption of Risk and Indemnity Agreement:** This form MUST be printed in color and notarized. Please note:
 - **Minors: BOTH** Parents/Guardian must also sign and notarize the bottom consent portion of the form.
 - **Married: Spouses** must also sign and have their signature witnessed by someone other than the applicant.

FOREIGN RIDERS

- IRS FORMS:** Resident alien (Form 1078) or non-resident aliens (Form 8233) must submit this form downloadable at www.mxsportsproracing.com/pages/administration/ama-pro-license.

Delays will result from uncompleted forms and failure to provide photos. Forward all items checked above to:

MX Sports Pro Racing • 122 Vista Del Rio Drive • Morgantown, WV 26508



2010 WMX LICENSE APPLICATION

IMPORTANT: To be used for WMX riders only. Rider must be 17 years old.

RIDER INFORMATION

Name _____ Birth Date _____
 Address _____ Country _____
 City _____ State _____ Zip Code _____
 Cell Phone _____ Email _____
Email will be primary means of communication.
 Birthplace (City, State, Country) _____
 Marital Status Single Married If married, spouse's name: _____
 Team Name _____ Nickname _____ Height _____ Weight _____

AMA MEMBERSHIP REQUIRED
STOP AND READ: Application will be returned if AMA membership expires prior to 9/6/2010. Go to www.ama-cycle.org or call (800) 262-5646 to renew your membership **BEFORE** applying.

AMA #	EXPIRATION
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EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship (i.e. spouse, mother, etc.) _____
 Primary Phone _____ Cell Phone _____

IRS INFORMATION: Riders will receive a 1099-MISC from MX Sports Pro Racing for purse earnings \$600 and over for the year.

Are you a U.S. citizen?

- Yes:** Fill out Form W-9.
- No:** Are you a Resident Alien with a U.S. Social Security Number?
 - Yes:** Fill out Form 1078. *Download the appropriate form needed at www.mxsportspro.com and return with your application.*
 - No:** Fill out Form 8233.

If you would like purse payout issued in the name of a business, fill out Form W-9 and enter business name here:

Business Name: _____

PURSE PREFERENCE: Purse payout will be issued 3-7 days following an event and is not guaranteed same day each week.

Check or **Direct Deposit:** Attach a voided check or deposit slip from your account or enter information below:

Full Name or Business Name on Account _____
 Routing # _____ Account # _____

COMPETITION NUMBER

Number assignments will be made at the discretion of MX Sports Pro Racing.

2009 Earned Number	
Non-Earned No. Request	

OFFICE USE ONLY					
RECEIVED		PHOTO		PRINTED	
IRS FORM	<input type="checkbox"/> W-9	<input type="checkbox"/> 1078	<input type="checkbox"/> 8233		
SHIP METHOD		PAYMENT		SHIP DATE	
APPROVED NUMBER		NOTES:			

PAYMENT AND SUBMIT OPTIONS : MUST BE U.S. FUNDS

Check/Money Order # _____ Payable to MX Sports Pro Racing, Inc.

FEE \$150

Credit Card (circle one) VISA :: MasterCard :: American Express :: Discover **PLEASE NOTE: MX Sports Pro Racing will charge a 3% service fee on all credit card transactions.**

Card # _____ Exp.

M	M	Y	Y
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 CV Code _____
CV is the 3 (or 4) digit code on card.

Name on Card _____ Billing Zip Code _____

Card Holder Signature _____ Card Holder Phone Number _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



2010 MX SPORTS PRO RACING WMX TERMS AND CONDITIONS

In consideration of being granted a 2010 Women's Motocross Pro License by MX Sports Pro Racing (hereinafter "MXS"):

- 1. Rulebook:** I agree to act in accordance with the "AMA Pro Racing 2010 Rulebook" and the "MX Sports Pro Racing WMX Supplemental Rules", which together serve as the official competition rules of the WMX Championship and agree to abide by any amendments or supplemental rules issued thereto.
- 2. 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 "AMA Pro Racing 2010 Rulebook" and its Substance Abuse Policy (the "Policy") as it pertains to riders/crew members. I understand that my agreement to comply with the Policy is an essential precondition to the issuance of a credential, 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 MXS. I further understand that any violation of the Policy, or failure/refusal to submit to testing or honestly participate in any testing procedure, will result in immediate disciplinary action by MXS. Finally, I hereby release, indemnify, defend and hold harmless AMA Pro Racing, the AMA, MXS and/or their investors, directors, trustees, officers, employees, agents, personnel, as well as any consultants, laboratories or testing facilities retained by MXS or its assigns for the purpose of conducting drug or alcohol tests in connection with the Policy, from any and all liability related to tests conducted in connection with the Policy or the disclosure of the results of any such tests.
- 3. Physical Examination:** I certify that I am in good health and suffer from no illness or injury which impairs in any way my ability to participate in the events. I agree to inform MXS of any medical condition, injury or illness which in any way casts a question on my ability to participate in a competent manner. I agree to immediately notify MXS 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 MXS regarding evidence of medical condition. I understand that MXS retains 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.
- 4. Production and Promotion Rights:** I agree that all rights, property, and interest in any broadcast by audio, radio, television, motion picture, home video production, Internet or any other means or media (including the transcription of any broadcast) of any MXS sanctioned event shall be the sole property of MXS. Any and all revenues from any broadcast shall belong to MXS 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 MXS sanctioned event. I further agree that MXS or its assigns, on a non-exclusive basis, may use my name and pictures (including pictures of my racing equipment, if owned by me, and pictures 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 MXS 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 MXS and its sports marketing firm in such efforts.
- 5. Medical Insurance:** I hereby acknowledge that the events are neither sanctioned by, nor in any way associated with or under the control of Daytona Motorsports Group, LLC, d/b/a AMA Pro Racing, and that neither AMA Pro Racing, AMA Racing, nor MXS is providing participant medical insurance coverage or any type of insurance coverage to me during any of the events. I understand that I am responsible to maintain medical insurance coverage on myself adequate to cover any and all activities in which I may engage at the events.
- 6. AMA Membership:** I acknowledge that I am a member in good standing with AMA Racing through at least 9/6/2010.
- 7. Waiver:** I acknowledge that motorcycle racing is a dangerous activity, the risks of which cannot be completely eliminated. I acknowledge that by participating as a rider/crew member in any MXS 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 sanctioned events shall be conducted, and will notify MXS 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, AMA Racing, MX Sports Pro Racing, Inc., the Event Organizer(s), promoter(s), owner(s) or any of their respective members and/or investors, directors, trustees, officers, employees, agents, personnel, as well as any of their contractors and/or consultants.
- 8. 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 the above Terms and Conditions. I represent that I am not contractually or otherwise prohibited from entering into any and all of the agreements set forth in Paragraphs 1 through 7 hereof, or from executing Releases, Waivers or Consents required for participation in MXS sanctioned events.

I further acknowledge that this credential has been issued by MXS for the exclusive use by me. Transfer or misuse of this credential is cause for revocation.

Printed Name _____ Date _____

Signature _____ DOB _____

**2010 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), 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. ACKNOWLEDGE, AGREE, AND REPRESENT that I have or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which I enter and 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 will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).

2. HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Daytona Motorsports Group, LLC, AMA Pro Racing, and/or the American Motorcyclist Association, MX Sports Pro Racing, Inc., 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, pit crews, rescue personnel, any persons in any RESTRICTED AREAS, sponsors, advertisers, owners, 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 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 ME, 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 ME OR MY PROPERTY OR RESULTING IN MY DEATH 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 AGREE 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 my 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 ASSUME 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 ACKNOWLEDGE THAT THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge and knowingly accept that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OR MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. HEREBY AGREE 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 Country in which the EVENT(S) is/are conducted and that if any portion thereof is 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, 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 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 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 Legal Signature _____ **Date** _____

APPLICANT Printed Name _____

Subscribed and sworn to at _____ **before me this** ___ **day of** _____, **A.D. 20** _____

Notary Public _____ **County,** _____ **State of** _____

My Commission Expires _____

APPLICANT IS: Single or Married (if Married, complete "Spouse Release and Waiver" section below)

Children (Names & Birth dates) _____

2010 SPOUSE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I AM THE SPOUSE OF THE PERSON WHOSE SIGNATURE IS SET FORTH ABOVE. I HAVE READ THE FOREGOING RELEASE AGREEMENT AND I FULLY UNDERSTAND AND INTEND THAT I WILL BE BOUND BY THE COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY AS SET FORTH IN THE FOREGOING RELEASE AGREEMENT. I FURTHER HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE, HOLD HARMLESS, INDEMNIFY AND WAIVE IN MY OWN NAME AND RIGHT ALL RIGHTS AGAINST EACH OF THE PERSONS RELEASED IN THE FOREGOING RELEASE AGREEMENT WITH RESPECT TO ALL LIABILITY TO ME FOR ANY AND ALL LOSS TO ME AND/OR TO MY MINOR CHILDREN OVER WHOM I AM THE LEGAL GUARDIAN, IN ANY WAY, RESULTING FROM ANY LOSS, DAMAGE, DEATH OR PERSONAL INJURY TO MY SPOUSE WHICH IS RELATED IN ANY WAY TO THE SUBJECT MATTER OF THE FOREGOING RELEASE, INCLUDING, BUT NOT LIMITED TO, ANY CAUSE OF ACTION FOR LOSS OF CONSORTIUM, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

SPOUSE Legal Signature _____ **Date** _____

SPOUSE Printed Name _____

WITNESS Legal Signature _____ **Date** _____

WITNESS 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 application must 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.**

Parent or Legal Guardian Signature _____ **Date** _____

Parent or Legal Guardian Printed Name _____

Subscribed and sworn to at _____ **before me this** ___ **day of** _____, **A.D. 20** _____

Notary Public _____ **County,** _____ **State of** _____

My Commission Expires _____