



**RELEASE FORM**  
Zoeller Ministries, Inc. DBA Zoeller Motorsports Ministries  
**PARTICIPANT RELEASE OF LIABILITY—READ BEFORE SIGNING**

In consideration for my child \_\_\_\_\_ (**Print** Participant's Name), \_\_\_\_\_ (Age of Minor) being allowed to participate in any way at events and activities conducted by Zoeller Motorsports Ministries - a division of Zoeller Ministries, Inc. (hereinafter ZMI), the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in Motorsports is significant, including the potential for permanent disability and death, even for spectators, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me, my family, my child or ward does exist; and,
- 2. I, ON BEHALF OF MYSELF AND MY CHILD OR WARD, plus our heirs and assigns, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my child or ward's participation; and,
- 3. I willingly agree to comply with and make myself aware of the stated PBOC and ZMI rules governing the conduct of events and the terms and conditions for participation as embodied in the General Competition Rules of the PBOC, plus any supplementary regulations published for a particular event. If I or my child or ward observe any unusual significant concern in his/her readiness for participation in a ZMI event, either my child or ward or I will remove him/her from participation and bring such to the attention of appropriate ZMI officials immediately; and,
- 4. I, FOR MYSELF AND ON BEHALF OF MY CHILD OR WARD AND OUR HEIRS & ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD ZOELLER MINISTRIES, INC. DBA ZOELLER MOTORSPORTS MINISTRIES AND THEIR OFFICERS, VOLUNTEERS, ELECTED OFFICIALS, AGENTS, EMPLOYEES, OTHER PARTICIPANTS, SANCTIONED EVENTS, SANCTIONED ORGANIZATIONS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS FACILITIES UPON OR WITHIN WHICH ZMI EVENTS ARE CONDUCTED ("RELEASEES") FROM ANY AND ALL CLAIMS ARISING OUT OF MY AND MY CHILD OR WARD'S PRESENCE AT ZMI EVENTS, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, REVIEWED IT WITH MY CHILD OR WARD AND WE FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I also waive and release the use of my and my minor child or ward's photograph or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS POTENTIALLY HAZARDOUS ACTIVITY! I certify that I am 18 years of age and that I am entering into this agreement, and the Medical Release reflected herein, as the participant myself, the parent or legal guardian for the minor Participant named above and that I also have the authority to do so on behalf of self and or the Participant's other parents or guardians.

**MEDICAL RELEASE:** In the event that I am unable to be reached in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital, or ambulance service to secure proper treatment, and to order anesthesia, for myself, minor child or ward as named above. My child or I is/are allergic to the following medications:

**SIGNATURES MUST BE NOTARIZED UNLESS WITNESSED BY AN OFFICIAL OF THE Zoeller Ministries, Inc. DBA Zoeller Motorsports Ministries**

Print Parents Name \_\_\_\_\_  
Driver's license/ID #: \_\_\_\_\_ Verified

**PARTICIPANT PARENT'S SIGNATURE** \_\_\_\_\_ **Date Signed** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Name: \_\_\_\_\_ Form of ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
DOCTOR to be notified in case of emergency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**ZMI WITNESS SIGNATURE** \_\_\_\_\_ **Date Signed** \_\_\_\_\_  
Title of event: PBOC Points Race & Drivers School, Zoeller Ministries "Kids Racing For Life" event held 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> September 2010.

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_, who is/are personally known to me or has/have produced a \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
**My Commission Expires:** \_\_\_\_\_