

**NATIONAL COUNCIL OF CORVETTE CLUBS
SANCTIONED COMPETITION PROGRAM**



EAST OHIO REGION

www.eornccc.org

REGIONAL COMPETITION DIRECTOR

AL FLANHOFFER

EO-RCD@corvettesnccc.com

440-846-1203



“LOW SPEED AUTOCROSS”

SAFETY:

1. Wrist Bands must be worn by everyone entering the gate.
2. Wavier must be signed by everyone entering the gate.
3. Check all young drivers' ages on their driver's licenses.
4. Safety Flags – Red & Green – For Course Workers.
5. Fire Extinguishers: On Course at: Start, Midway, & Finish.
6. Radios for corner workers to start line and timing trailer.
7. Pylons are used to control / direct entrants course & speed.
8. Pylons are placed in such a manner to avoid potential danger areas.
9. Safety Tech: Tech all cars, helmets, seat belts, etc.
10. Barricades and barricade tape for crowd control.
11. Cars in Group II, RF & FA MUST have fire extinguishers in cars.
12. Car tire warm up noise – No excessive noise due to neighbors being close.
13. Only two (2) cars on the course at any one time.
14. Course Map – posted on side of timing trailer – All drivers MUST walk the course.
15. We have an Outstanding Safety Record –
Our NCCC Rulebook and NCCC Insurance Agent governs our safety.
16. Drivers Meeting to review course and safety procedures.
17. No Alcoholic Beverages permitted on course or surrounding areas.
18. Spectators: Recommended that no one within 50' of course.
19. Spectators: Are responsible for any item, chairs, tables, etc.

ENVIRONMENTAL:

1. Closed Exhaust – Limiting Noise
2. Oil Spill Recovery kit – Oil Absorbent & Disposal Drums.
3. If Oil Spill - cars will be “Tech'd” again for any oil leak.
4. There will not be any excessive vehicle smoke.
5. Trash – Host Club will police area when finished and haul trash away.

TRAFFIC CONTROL:

1. Host Club / Region will determine traffic control.

REFERENCES:

**Lakeland Community College
7700 Clocktower Drive
Kirtland, OH 44094
Patrick Smytkowski
440-525-7539**

**Longaberger Homestead
5563 Raiders Road
Frazeyburg, OH 43822
Linda Bowers
740-322-5156**

**Riverside High School
#1 Warrior Way
Belle, WV 25015-1356
Tiffany Anderson
304-348-1996**

**East Fairmont High School
1992 Airport Road
Fairmont, WV 26554
David Nuzem
304-367-2140**



CERTIFICATE OF LIABILITY INSURANCE

NATIO-3 OP ID: GRTI

DATE (MM/DD/YYYY)
01/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------|
| PRODUCER Legacy Insurance Network 3455 Briargate Blvd, Ste 215 Colorado Springs, CO 80920 Tim Gries | CONTACT NAME: Tim Gries PHONE (A/C, No, Ext): 719-593-5814 | FAX (A/C, No): 719-388-2075 |
| | E-MAIL ADDRESS: tim@legacyinsurancebroker.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Philadelphia Indemnity | | 18058 |
| INSURER B : United States Fire Ins. CO. | | 21113 |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED **National Council of Corvette
Corvette Clubs Inc.
2 GLEN ABBEY DR
Rockford, IL 61107**

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|-------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------|---------------------|
| A | <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | | | PHPK1435660 OFFICIALS PROF PARTICIPANT | 01/01/2016 | 01/01/2017 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| A | | 50,000 E&O | | | | | | MED EXP (Any one person) | \$ 0 |
| A | | 1,000,000 | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 5,000,000 |
| | <input type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | <input checked="" type="checkbox"/> LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> | ALL OWNED AUTOS | <input type="checkbox"/> | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> | HIRED AUTOS | <input type="checkbox"/> | NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> | EXCESS LIAB | | | PHUB525143 | 01/01/2016 | 01/01/2017 | EACH OCCURRENCE | \$ 4,000,000 |
| | | <input type="checkbox"/> UMBRELLA LIAB | <input type="checkbox"/> OCCUR | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE | \$ 4,000,000 |
| | | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER STATUTE | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | <input type="checkbox"/> Y/N | <input type="checkbox"/> N/A | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| B | | PARTICIPANT ACCIDENT | | | UIA5961A | 01/01/2016 | 01/01/2017 | AD&D | 25,000 |
| | | | | | | | | MEDICAL | 50,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

**NCCC SAMPLE CERT
2016-17**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Tim Gries

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CERTIFICATE OF INSURANCE REQUEST

TO: LEGACY INSURANCE

Email: Tim@legacyinsurancebroker.com or FAX: 719-388-2075

Date: # Pages:

Attn: Processing Requested by:

Certificates are issued within 24 hours of receipt. If needed sooner, indicate here __

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER FOR A CERTIFICATE TO BE ISSUED.

Note: If you have a written request from the certificate holder with special requirements or special forms, it is *critical* that those be provided with this fax in order to assure an accurate and timely response. All insurance coverage written with Legacy Insurance Network will be reflected on your Certificate.

PLEASE COMPLETE THE FOLLOWING:

Region #

Club #

Date and Type of Event:

Location of Event:

Sponsoring Club's Name:

Certificate Holder Additional Insured? Yes No

Is there a written contract between you & the Certificate Holder? Yes No

If Yes, attach Insurance requirements from the contract.

This information will be located in the description box on the certificate.

Certificate will include \$5 million General Liability per occurrence limit and a \$25,000 Accident/Health limit.

CERTIFICATE HOLDER INFORMATION:

PLEASE READ: A Certificate Holder is defined as the organization requesting the certificate of insurance in order to hold the event at their location.

Name of Venue/Certificate Holder:

Mailing address of Venue/Certificate Holder Address:

City, State & Zip:

Special Instructions (including additional insured information):

Name and Email/FAX for certificate recipient:



NCCC Notice of Claim Form

| | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------|------------------|
| Today's Date: | Date of Occurrence: | Time of Occurrence: | |
| Agent: Legacy Insurance Network 3455 Briargate Blvd. Suite 215 Colorado Springs, CO 80920 | Insured: National Council of Corvette Clubs, Inc. 2 Glen Abbey Dr. Rockford, IL 61107 | Contact: Name, Address | Contact: Phone # |
| Policy Number: PHPK1435660 | Effective Date: 01/01/2016 | Expiration Date: 01/01/2017 | |

Occurrence Information:

| | |
|---------------------------------------------------------------------------|----------------------|
| Location of Occurrence (Include City & State): | Authority Contacted: |
| Description of Occurrence (Please see the next page for additional space) | |

Type of Liability

| | |
|--------------------------------|--------------------|
| Premises Damage?: Yes or No | Type of Premises: |
| Vehicle Owners Name & Address: | Claimants Phone #: |

Injured/ Property Damage

| | | | |
|---------------------------------|-------------------------------------------|-----------------------------|------------------------|
| Name & Address (Injured/Owner): | | | Phone Number: |
| Age: | Year/Make/Model/VIN of vehicles involved: | Was injured an NCCC member? | Was Governor Notified? |
| Describe Injury: | | What Was Injured Doing? | |
| Describe Property Damage: | | Estimate Amount: | |

Witnesses

| Name & Address | Home Phone # | Business Phone # |
|----------------|--------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Remarks: | | |

Please return all claim forms to Legacy Insurance Network for processing. You can fax them to 719-388-2075 or email them to Tim Gries- Tim@legacyinsurancebroker.com. or mail them to- Legacy Insurance 3455 Briargate Blvd. Suite 215 Colorado Springs, CO. 80920 Please contact us at 719-593-5814 for any questions or concerns.

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

DESCRIPTION AND LOCATION OF EVENT(S)

DATE RELEASE SIGNED

IN CONSIDERATION of being permitted to compete, officiate, observe, work, 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 the admission by the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he has or will immediately upon entering any of such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he enters, and he further agrees and warrants that, if at any time, he is in or about RESTRICTED AREAS and he feels anything to be unsafe, he 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 the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, competition vehicle owners, drivers, pit crews, rescue personnel, any 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, 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 each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, his 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 THE 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 to the UNDERSIGNED'S INJURY OR DEATH, 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 OF "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 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.
7. HEREBY acknowledges that the undersigned has the right to negotiate the terms and conditions of this release agreement but by signing below hereby waives such right.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT 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.

ALL SECTIONS MUST BE COMPLETED.

PRINT NAME HERE

SIGN NAME HERE

DUTIES

I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE
I HAVE READ THIS RELEASE

SIGNATURE AND TITLE OF WITNESS

ADDRESS OF WITNESS

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

DESCRIPTION AND LOCATION OF EVENT(S)

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. 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).
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 involves 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 action or inactions of others participating in the Event(s), the rules of the Event(s), the condition and layout of the premises and equipment, and/or THE NEGLIGENCE 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 LOSS and/or damages that could result from those Risk(s) 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 CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMES 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 owners, drivers, pit crews, rescue 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, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, 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 TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE 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 DEFEND, INDEMNIFY 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 THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
6. I sign the agreement on my own behalf and on the behalf 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, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME OF PARENT OR GUARDIAN

DATE

MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S)

DATE RELEASE SIGNED

I have obtained my parent's consent to participate in the above event(s). I understand that I am assuming all of the risks if I get hurt during the event(s), and I state the following:

1. Both my parents and I believe that I am qualified to participate in the event(s). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the event(s).
2. I understand that the **ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.**
3. I know that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the event(s), the rules of the event(s), the condition and layout of the premises and equipment, and/or the **NEGLIGENCE** of others, including those persons responsible for conducting the event(s).
4. I HEREBY ASSUME ALL SUCH RISKS, EVEN IF THE RISKS ARE CREATED BY THE **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the event(s), premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or event(s), and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successor and assigns, all for the purposes herein referred to as "Releasees."
5. I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE, ALL OF THE "RELEASEES" FROM ALL LIABILITY TO ME, my personal representatives, assigns, heirs, and next of kin, for any and all loss damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the **NEGLIGENCE** of the "Releasees" or otherwise.

**I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY,
UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

I HAVE READ THIS RELEASE

SIGNATURE OF MINOR PARTICIPANT

DATE

PRINTED NAME OF MINOR PARTICIPANT

AGE

I HAVE READ THIS RELEASE

WITNESS

PRINTED NAME OF WITNESS