

**Sierra Sportbike Association LLC (the SSA)
Release and Waiver of Liability**

This document contains a full release of all claims for property damage, personal injury and death. Please read it carefully and consider what you are agreeing to before initialing and signing it.

Please Initial Here _____

I _____ (print name) hereby acknowledge that I am 18 years old or older and I voluntarily registered for, and attending and participating, working or volunteering for a Sierra Sportbike Association, LLC (“the SSA”) event at **Reno Fernley Racetrack**.

If you are under 18 a parent or guardian must be present and must complete this form.

Please Initial Here _____

I AM AWARE THAT MOTORCYCLE RIDING IS A DANGEROUS ACTIVITY AND I AM VOLUNTARILY CHOOSING TO PARTICIPATE IN THIS EVENT WITH THE KNOWLEDGE OF THE DANGER AND HAZARDS THAT EXIST AT A TRACKDAY OR TEST AND TUNE EVENT. I ACCEPT ALL RISK AND RESPONSIBILITY. I AM AWARE THAT ACCIDENTS CAN HAPPEN AT SUCH AN EVENT AND THAT THEY COULD RESULT IN PERSONAL INJURY OR DEATH, AND THAT DAMAGE OR HARM CAN OCCUR TO MY MOTORCYCLE OR OTHER PERSONAL PROPERTY DUE TO MY OWN FAULT OR THAT OF OTHERS.

Please Initial Here _____

In consideration of being permitted into the facility and/or to ride on the track I hereby agree to the following: **I AGREE TO COMPLETELY RELEASE AND WAIVE ANY AND ALL LIABILITY FOR THE SSA** or any of its participants, members, volunteers, tech personnel, instructors, assistants, board members, organizers or leadership on account of my participation in or attendance at this event, including any personal injury or property damage I may suffer, including death or destruction of my property. This waiver shall apply for any injury or harm whatsoever that may occur, and I agree on behalf of myself, my heirs, successors, legal representative, ward, guardian or assigns, that having the capacity to enter into this agreement, I hereby waive any and all liability for any injury, damages or death to my person or damage or destruction to my property resulting from my participation or attendance at this SSA event – weather the result of the negligence, conduct, actions or inaction of the SSA, its members, or any other person. *Please Initial Here _____*

I am over 18 years of age and have carefully read this Waiver and Release of Liability Agreement and understand its contents. I further understand that by initialing and signing this agreement I am waiving certain rights, and do so on my own accord and with full knowledge of the risks and hazards involved.

Date: _____

Participant - Printed Full Name (First & Last)

Signature

If under 18 years of age – Name and Signature of Parent or Guardian Required

Date: _____

Parent or Guardian - Print Full Name (First & Last)

Signature