# 2012 GT3 CHALLENGE MEMBERSHIP/LICENSE & CREDENTIAL CHECK LIST

Enclosed you will find the necessary forms to complete the membership process.

This checklist is to assist you in completing your applications and ensuring that all the required information and documents are returned to IMSA.

Please check all blocks that apply to you and return this sheet with your application and remittance.

## ENTRANT

- ❑ Credential and Membership/License Application
- ❑ Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- ❑ Photo **(Use 2011 Photo)**
- ❑ Photo **(Attach Photo or Email to registration@imsaracing.net)**
- ❑ Medical Information Form
- ❑ Membership Payment

## DRIVER & DRIVER/ENTRANT

- ❑ Credential and Membership/License Application
- ❑ Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- ❑ Photo **(Use 2011 Photo)**
- ❑ Photo **(Attach Photo or Email to registration@imsaracing.net)**
- ❑ Medical Information Form
- ❑ Medical Exam and History Forms **(*dated within six (6) months*)**
- ❑ Previous Experience Form (For New Drivers Only)
- ❑ Driver Bio
- ❑ Membership Payment
- ❑ FIA Drivers Application and Payment

## CREW

- ❑ Credential and Membership/License Application
- ❑ Notarized Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement*
- ❑ Photo **(Use 2011 Photo)**
- ❑ Photo **(Attach Photo or Email to registration@imsaracing.net)**
- ❑ Medical Information Form
- ❑ Membership Payment

***NOTE: WAIVERS MUST BE PRINTED IN COLOR AND NOTARIZED!**

# 2012 CREDENTIAL AND MEMBERSHIP APPLICATION

**FOR THE IMSA GT3 CHALLENGE by YOKOHAMA**

***Please type or print legibly and complete all of the requested information.***

| IMSA OFFICE USE ONLY |
|---|
| Date Received _____ |
| Check/Cash/MO/Credit Card _____ |
| Fee _____ |
| Approval Code _____ |
| License # _____ |
| Date Issued _____ |
| HC Number _____ |

Name: _____

Mailing Address: _____

_____

Home Phone #: _____ Mobile #: _____

Business #: _____ Fax #: _____

Email Address: _____

Birth Date: _____

Team Name: _____

Home Town **(Drivers Only)** : _____

Previous Racing Licenses Held (if new applicant): _____

Type of Racing/Cars/Years Run: _____

❑ Use 2011 Photo ❑ Use Enclosed Photo ❑ Photo E-mailed (registration@imsaracing.net)

**Type of Credential/Membership Applying for (check one):**

❑ Driver $400 ❑ Driver/Entrant $400 ❑ Single Event Driver $250 _____

❑ Entrant $400 ❑ Crew $300 ❑ Single Event Crew $150 _____

❑ FIA $275 ❑ International Letter $150 Event(s) Valid

***I HAVE READ AND AGREED TO BE BOUND BY THE CONTENTS OF THIS APPLICATION, THE IMSA CODE (INCLUDING ALL COMMERCIAL TERMS SPECIFIED THEREIN) THE SERIES STANDING SUPPLEMENTARY REGULATIONS AND ALL SUPPLEMENTS OR CHANGES THERETO AND OTHER APPLICABLE RULES AND REGULATIONS.***

***I FURTHER UNDERSTAND THAT IMSA RESERVES THE RIGHT TO REFUSE ANY APPLICATION FOR ANY REASON AND THAT ACCEPTANCE OF THIS APPLICATION AND FEE BY IMSA DOES NOT CONSTITUTE APPROVAL OF THE APPLICATION AND THAT ALL APPLICATIONS MUST BE OFFICIALLY APPROVED BY IMSA.***

***APPLICANT'S LEGAL SIGNATURE:*** _____ **(ALL APPLICANTS MUST SIGN)** _____ ***DATE:*** _____

**CREDIT CARD PAYMENT INFORMATION**: Type of Card: ❑ MasterCard ❑ VISA ❑ American Express

Account #: _____ Exp. Date: _____ Total: $_____

Verification Code: _____ VISA/MasterCard: Last three digits in the signature block
AMEX: Four digits on front of card above card number

Billing Address: _____ City: _____ State: _____ Zip: _____

Name as it appears on card: _____ Signature: _____

**By signing above, I hereby authorize International Motor Sports Association to charge the above credit card.**

International Motor Sports Association ● 1394 Broadway Avenue ● Braselton, GA 30517 ● (706)658-2120 ● Fax (706)658-2130
Email: registration@imsaracing.net Website: www.imsaracing.net

# 2012 IMSA MEDICAL INFORMATION

THIS FORM MUST BE FILLED OUT BEFORE A 2012 HARD CARD IS ISSUED.

The following information is for IMSA records only. A printout of all medical information will be made available to the medical staff at each event.

**Physicals are required for all IMSA drivers.** Medical history and examination forms must be completed and returned with application.

First Name _____Last Name _____

Date of Birth _____

Allergies _____

Current Medications _____

Current Medical Conditions _____

Personal Physician _____

Physician Phone Number _____

***In Case of Emergency, Notify:***

Name _____ Phone _____

Next of Kin _____ Phone _____

Applicants Signature _____ Date _____

# IMSA
# MEDICAL HISTORY
# Applicant for IMSA Drivers License

Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ Occupation _____

Your Personal Physician _____ Phone _____

Examining Physician (Today) _____ Phone _____

A. Have you been treated for, ever had or now have any of the following? (For each "yes" checked, describe or explain below or on a separate sheet).

| YES | | NO |
|---|---|---|
| _____ | 1. Frequent or severe headaches | _____ |
| _____ | 2. Dizziness or fainting spells | _____ |
| _____ | 3. Unconsciousness for any reason | _____ |
| _____ | 4. Eye Trouble – except glasses | _____ |
| _____ | 5. Asthma | _____ |
| _____ | 6. Allergy to medicines and/or drugs | _____ |
| _____ | 7. Diabetes | _____ |
| _____ | 8. Heart Trouble | _____ |
| _____ | 9. High or Low blood pressure | _____ |
| _____ | 10. Anemia or other blood diseases including abnormal bleeding | _____ |
| _____ | 11. Stomach trouble | _____ |
| _____ | 12. Kidney stone or blood in urine | _____ |
| _____ | 13. Sugar or albumin in urine | _____ |
| _____ | 14. Epilepsy or fits or seizures | _____ |
| _____ | 15. Nervous trouble of any sort | _____ |
| _____ | 16. Any mental trouble | _____ |
| _____ | 17. Any drug or narcotic habits (past or present) | _____ |
| _____ | 18. Excessive drinking | _____ |
| _____ | 19. Attempted suicide | _____ |
| _____ | 20. Motion sickness requiring drugs | _____ |
| _____ | 21. Hospitalizations, include reason, dates and hospital name (past 5 years) | _____ |
| _____ | 22. Operations | _____ |
| _____ | 23. Amputation or physical disability | _____ |
| _____ | 24. Any other illness | _____ |
| _____ | 25. Immunizations other than childhood, including hepatitis | _____ |
| _____ | 26. Last tetanus booster (date) | _____ |
| _____ | 27. Rejection for life insurance | _____ |
| _____ | 28. Medical rejection for military service | _____ |
| _____ | 29. Military medical discharge | _____ |
| _____ | 30. Disability compensation from the Veterans Administration, compensation insurance company or any government agency | _____ |

Current medications (include daily aspirin) _____

_____

B. List any medication currently used (including eye drops), including dose.

C. Have you had an automobile accident, including racing, in the past two years? If yes, explain or describe.

This is to certify that the above statements are true and accurate. I also give permission to any hospital, institution or physician to furnish any information relative to my condition to IMSA.

Applicant's Signature _____ Date _____

Examining Physician _____ Date _____

**IMSA MEDICAL EXAMINATION FORM FOR IMSA DRIVERS LICENSE**
**(to be filled out on both sides by examining physician and returned to candidate)**

Dear Doctor:

You are being asked to examine this candidate for an international racing license. If you find them physically and psychologically fit, and they pass their other tests, they may then be granted a license that will enable then to drive a competition car at extreme high speeds under the most exacting conditions. Please therefore, examine them carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby they may take the matter up with physicians experienced in racing should you disapprove them. You will thus be doing not only the applicant but also our sport a service by conducting this examination as carefully as possible. **ALL CANDIDATES OVER THE AGE OF 50 SHOULD HAVE AN EKG AS PART OF THIS EXAMINATION. PLEASE ATTACH COPY OF EKG, STRESS TEST REPORT (IF DONE), ANY X-RAY REPORTS OR LAB TESTS (IF DONE).**

Candidates having the following afflictions must be referred to the Chief Medical Officer for review.

1. Less than 20/30 corrected vision in the better eye
2. Blood pressure: Diastolic over 100, Systolic over 170
3. All gross deformities subject to listing
4. Alcoholic and drug addiction
5. Psychological problems
6. Loss of extremity or eye
7. Diabetes
8. Epilepsy
9. History of Heart Attack
10. Loss of Color Vision

CANDIDATES WHO HAVE A MYOCARDIAL INFARCTION, WHO ARE DIABETIC AND TAKE INSULIN OR WHO HAVE ANY OF THE 10 CONDITIONS LISTED ABOVE MUST BE REFERRED TO THE CHIEF MEDICAL OFFICER THROUGH IMSA.

Name _____ Address _____ Birth Date_____

Age _____ Sex _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

| Normal | Check each item in appropriate column (enter NE if not evaluated) | Abnormal | 25. Distant Vision |
|---|---|---|---|
| | 1. Head, face, neck and scalp | | Right eye-20/ Corrected to-20/ |
| | 2. Nose | | Left eye-20/ Corrected to-20/ |
| | 3. Sinuses | | Both eyes-20/ Corrected to-20/ |
| | 4. Mouth and Throat | | 26. & 27. Intraocular Tension: TACTILE |
| | 5. Ears, general | | Right Eye - |
| | 6. Drums (perforation) | | Left Eye - |
| | 7. Eyes, general **(visual acuity under Item 25)** | | 28. Field of Vision |
| | 8. Opthalmoscopic | | Right Eye - |
| | 9. Pupils (equality and reaction) | | Left Eye - |
| | 10. Ocular motility (associated parallel movement, nystagmus) | | 29. Color Vision (test) |
| | 11. Lungs and chest (including breasts) | | |
| | 12. Heart size (thrust, size, rhythm, sounds) | | 30. Blood Pressure |
| | 13. Vascular system (pulses?) | | Systolic - |
| | 14. Abdomen and viscera (including hernia) | | Diastolic - |
| | 15. Anus and rectum | | 31. PULSE: Resting - |
| | 16. Endocrine system | | After exercise - |
| | 17. G – U System | | 2 minutes after exercise - |
| | 18. Upper & Lower extremities (strength and range of motion) | | |
| | 19. Spine, other muscle skeleton | | |
| | 20. Identifying body marks, scars, tattoos | | |
| | 21. Skin and lymphatics | | |
| | 22. Neurologic (tendon reflexes, equilibrium, senses, coordination, etc) | | |
| | 23. Psychiatric | | |
| | 24. General systemic | | |

32. Medical treatment within the past five years
    Date, Name, Phone Number of physician consulted _____

    Reason _____

33. Comments on History and Findings:

Re-Examination:

It shall be the responsibility of the applicant to present himself/herself for re-examination as follows:

1. Upon the expiration of his/her current medical examination form at end of year.
2. Following any significant illness, injury or hospitalization.

Remarks (additional sheets maybe attached)_____

The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 1 year after finding, to make him/her unable to perform the duties or exercise the privileges of a IMSA Racing Driver's License.

**PLEASE CHECK ONE:**

_____ That the applicant is physically and psychologically fit to drive a racing car in competitive automotive events at high speeds.
_____ That the applicant be reviewed by the Chief Medical Officer.
_____ That the applicant is NOT physically and psychologically fit to drive a racing car in competitive events at high speeds.

Signed: _____ M.D. – D.O.

Date: _____ Address: _____

(If signed by D.O., state in which licensed must be indicated)

## GT3 CHALLENGE BY YOKOHAMA SERIES' DRIVER BIO INFORMATION

**Name:**

**Team:**

**Birthdate:**

**Birthplace:**

**Phone Number (unpublished):**

**Email Address (unpublished):**

**Personal Web Address:**

**Residence:**

**Height/Weight:**

**Marital Status (Spouse's name if applicable):**

**Children (Number/Names):**

**College (Degree, Major, College attended):**

**To be completed by all drivers competing in the GT3 CHALLENGE BY YOKOHAMA Series events. The information will be used in event souvenir programs, media guides, online, and other media exposure opportunities, except for phone number and email address, which will remain confidential.**

**Please return to IMSA along with your applications.**

## GT3 CHALLENGE BY YOKOHAMA SERIES' PERSONALITY PROFILE

**My first race car/age?**

**My current passenger car?**

**Goal for 2012?**

**My most memorable GT3 CHALLENGE BY YOKOHAMA Series moment in 2011?**

**Best advice I ever received was?**

**Best way to stay in shape?**

**One thing about me and my career that is not common knowledge?**

**My career outside of racing includes?**

**I am involved in the following charities?**

**I Facebook and/or Tweet during race weekends? (username?)**

**Favorite Series venue/why (past or present)?**

**Special Interests (like reading, cooking, biking, music)?**

**The Series personality (driver, owner, crew member, etc.) I admire the most?**

**Person/event that made the biggest influence on my racing life?**

**Person/event that made the biggest influence on my personal life?**

**A venue where I've never competed but would like to/why?**

**The biggest challenge of being a driver in the GT3 CHALLENGE BY YOKOHAMA Series?**

**A pre-race superstition I have?**
**I celebrate a race win by?**
**Something people don't know about me?**

**My ultimate racing teammate/why?**

**If not racing, I probably would have been?**

**Favorite team sport team - college or profession?**

**One living person I would like to meet/why?**

**I am secretly a fan of?**
**A talent I wish I had?**
**What is unique or different about racing in America?**

**For return drivers, changes/updates for 2012 season (professionally & personally)?**

# GT3 CHALLENGE DRIVER LICENSE
# PREVIOUS EXPERIENCE CERTIFICATION

| | | | |
|---|---|---|---|
| **DRIVER'S NAME:** | | | |
| **Address:** | | | |
| **City/State/Country** | | | |
| **Home Phone:** | | **Work:** | |
| **Fax:** | | **Mobile:** | |
| **E-mail:** | | | |

**<u>List Past 5 yrs. Experience With Most First on next page:</u>**

**Present or Past Licenses Information:**

**IMSA - _____**
**FIA – Class / Grade - _____**
**SCCA – Regional / National (circle one)**
**Others: _____**

**Please attach proof, such as copies of race results and copies of previous licenses. Additional information may be attached.**

- I certify that I have read and understand the driver eligibility requirements and certify that I meet those requirements.
- I certify that the above information is true and correct.
- I give IMSA my permission to contact any organization to verify this information and hereby authorize those organizations to release such information. I agree to hold IMSA and those organizations harmless for any damages or consequences arising from this release of information.
- I understand and agree that IMSA is a private, membership organization. It reserves the right to deny the issuance of any license, or to revoke any license previously issued, for any reason at any time, in accordance with the IMSA code.
- By signing this certification, I am agreeing that I will not initiate or maintain litigation of any kind against IMSA, its officers, directors, race organizers, race participants or any affiliated or parent company.

**SIGNATURE:_____DATE:_____**

**PRINT NAME: _____**

**<u>List Past 2 yrs. Experience With Most Recent First on this page:</u>**

**Drivers Name: _____**

| Dates | Race / Series | Sanctioning Body | License Number |
|---|---|---|---|
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**Additional information may be added.**

# INFORMATION FOR FIA LICENSE APPLICANTS

**How to apply:** Applications are only obtained through one of the ACCUS member clubs and must be submitted to that club for approval. Once approved, the club will forward to ACCUS for issuance. ACCUS member clubs are: Grand-Am, IRL, NASCAR, NHRA, IMSA, SCCA, USAC or WKA.

**Entrant's License:** For entering a car in any type of FIA event, the person or organization entering the car must be in possession of an FIA Entrant's License. If the Entrant is a group or company, the application or the license should be made in the name of the organization followed by the name of the individual officer, principal representative, or manager, with his/her title. Any number of cars may be entered in an event under an FIA Entrant's License. If an FIA Entrant's License is going to be issued to an individual name, two recent passport size photographs of the applicant must accompany all entrant applications.

**Driver's License:** For driving a car in any type of FIA event, each individual driver and co-driver must be in possession of an FIA Driver's license. In order to be considered for FIA Drivers license, the applicant must meet the requirements of our ACCUS, FIA member clubs and the provisions of the FIA Sporting Regulations*. Moreover, the applicant must hold a current, valid senior competition license issued by one of the ACCUS member clubs listed above. If no such license is held, an FIA Driver's license will not be issued. Should an applicant require an FIA license for driving in rallies exclusively, no competition racing experience is necessary. Two recent passport size photographs of the applicant and a current medical must accompany all competitor applications.

**Resident Foreigner:** A resident of the U.S.A. who is not a citizen of the country must obtain a letter of authorization from the National Automobile Club of his country of citizenship before ACCUS, FIA can issue an FIA License to him/her.

**International Competition Letter:** Drivers and Entrants participating in an event outside of the U.S. must have a current International Competition Letter. This should be applied for at the same time as your FIA license.

**Expedited Handling:** If a license must be taken out of the queue for expedited handling, there will be a charge of $50. Any license application received by ACCUS within two weeks (or less) of an event will automatically be charged the expedited handling fee.

ACCUS, FIA may refuse to issue a license without stating any reason for such refusal. Furthermore, ACCUS, FIA may suspend, revoke or refuse to renew an FIA license held by a person under suspension by his member club, or whose affiliation with a member club has been terminated. In addition, it may suspend or revoke a license following a hearing of the circumstances by the ACCUS, FIA Board or committee appointed by the Board.

The possession of an FIA License in no way guarantees the holder a blanket acceptance to compete. The organizer of an event has the right to refuse or exclude any entrant or driver without stating any reason.

*FIA Sporting Regulations are available at www.fia.com.

| IMSA |
|---|
| Grade:_____ |
| Date Received: _____ |
| Amount Paid: _____ |

| ACCUS USE ONLY |
|---|
| Grade: _____ |
| FIA License #: _____ |

**Instructions**

**Fees:** **$275 FIA License**
**$150 International Competition Authorization – required for event participation outside of the U.S.A.**

**Make check payable to: IMSA**
**Attach one recent passport size photo and a current medical**
**Mail to: 1394 Broadway Ave., Braselton, GA 30517**
Lost, stolen, upgrade or replacement license fee: $50.00

# 2012

## APPLICATION FOR AN FIA DRIVER'S LICENSE

(See other side of this form regarding information for FIA License Applicants)

I, the undersigned, hereby apply for an FIA **Driver's** License to be issued by the Automobile Competition Committee for the United States, FIA, Inc.

*(Please Print or Type)*

Full Name: _____

Permanent Address: Street _____

City: _____ State: _____ Zip: _____

Telephone Numbers (Home): _____ (Office): _____

Cell #:_____Fax #_____

Date of Birth: _____E-Mail Address_____

Are you a U.S. citizen? Yes ☐ No ☐ If not, what country*: _____

*If applicant is not a U.S. citizen applicant **MUST** obtain a permission letter from his/her home country ASN prior to an ACCUS license being issued.

If applicant is to compete in Historic Races only, please check here ☐

If applicant is to compete in Rallies only, please check here ☐

If you have previously held an FIA **Driver's** License provide:

Number: _____ Year: _____ Grade:_____

**Signature (License Holder):**_____ **Date:** _____

Conditions of FIA Licenses: For entering a car, an Entrant's License is required. For driving a car, a Driver's License is required. If entrant and driver are one and the same, both an Entrant and Driver License must be held. Licenses are valid for competing in any event on the FIA Calendar, unless endorsed for Drag Racing, Historic Racing, Karting or Rallies Only. Licenses are valid for the calendar year only. Applications for renewal will be provided by the Member Clubs.

If you are participating in an event outside of the U.S. please be aware of all FIA International Sporting Code regulations found on the FIA website at www.fia.com Additionally be aware of the Therapeutic Use Exemptions (TUE) process as outlined in Appendix A of the FIA International Sporting Code.

Club Endorsement and Temporary License:

Approved by: _____ Date: _____

This temporary license is valid for 30 days from this date.

**IMPORTANT LEGAL DOCUMENT – READ CAREFULLY**

# RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FOR ALL IMSA EVENTS

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, volunteer, attend or participate in any way (collectively "Participate") in ANY IMSA organized, sanctioned, promoted, ancillary or related events or activities (collectively "Events") for and during the calendar year 2012 (and any subsequent years I may Participate) 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), on behalf of myself, my personal representatives, heirs, and next of kin:

1. I acknowledge, agree and understand the Events are conducted by IMSA in its capacity as a private member organization and are not a service rendered to the public at large.

2. I acknowledge, agree, and represent that I have or will immediately upon entering any of 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 RESTRICTED AREAS and I feel anything to be unsafe, I will immediately advise the officials of same and if necessary will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).

3. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE IMSA, its parent, subsidiaries, or any affiliated entities, including, but not limited to, any other racing associations or series, sanctioning organizations or any affiliated entities thereof, track operators, track owners, participants, officials, car owners, drivers, pit crews, rescue personnel, any persons in any RESTRICTED AREA, promoters, sponsors, equipment and parts manufacturers and suppliers, advertisers, owners, vendors, lessors, 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 for each of them, their directors, officers, agents and employees, (all of which are hereinafter collectively referred to as the "Releasees"), FROM ALL LIABILITY TO ME, my personal representatives, executors, administrators, trustees, guardians, successors, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH ARISING OUT OF(directly or indirectly) OR RELATED(directly or indirectly) TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, I HEREBY AGREE TO INDEMNIFY,RELEASE, SAVE AND HOLD HARMLESS THE RELEASEES and each of them from any loss, liability, damage, or cost (including reasonable attorney fees), of whatsoever nature or description, they may incur due to claims brought against the Releasees arising out of my injury or death or damage to my property while I am in the RESTRICTED AREAS and/or while I Participate in the EVENT(S) and whether caused by the negligence of the RELEASEES or otherwise.

5. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related (directly or indirectly) to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.

6. I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE POTENTIALLY VERY DANGEROUS and may involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

7. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, I HEREBY agree 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 Province or State 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.

SIGNATURE ON NEXT PAGE 2 OF 2 PAGES TOTAL

8. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, I HEREBY agree this Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, executors, administrators, trustees, guardians, successors, assigns, heirs, and next of kin without limitation and shall be in full force and effect for all EVENT(S) in which I Participate.

9. TO THE FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW, this release and waiver of liability, assumption of risk and indemnity agreement shall include in its effect all claims or controversies of whatsoever nature or description, known or unknown, suspected or unsuspected, fixed or contingent arising, directly or indirectly, from the Events in which I Participate. I acknowledge there is a risk subsequent to the execution of this agreement, I may discover, incur or suffer claims which were unknown or unanticipated claims which arose from, are based upon or are related to the Events in which I may Participate, which if known by me as of the date of execution of this agreement would have materially affected my decision to execute this agreement. I acknowledge and agree by reason of my execution of this agreement; I am assuming all risk of all unknown and unanticipated claims and agree my release of the Releasees applies with equal effect to all such claims. I expressly waive whatever benefits I may have under Section 1542 of the California Civil Code (and other similar state statutes to the fullest extent permissible by applicable law), which reads as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." This agreement is intended in its effect to include any known, unknown, suspected or unsuspected claims of whatever nature or description.

10. I acknowledge, agree and understand that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is not meant in its effect to be violative of applicable law, but, rather, is meant to have in its effect the fullest and most complete release and waiver of liability, assumption of risk and indemnity provisions permissible by applicable law according to the terms and conditions herein set forth. I understand and agree that should the scope of any provision of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement be declared too broad to permit enforcement of such provision to its full extent or otherwise declared too broad to permit enforcement of this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, then such provision and this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement shall not be invalidated but rather enforced to the maximum extent permitted by applicable law.

**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 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 FULLEST EXTENT PERMISSIBLE BY APPLICABLE LAW IN EVERY JURISDICTION IN WHICH I PARTICIPATE IN AN EVENT. I ACKNOWLEDGE AND AGREE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.**

**READ CAREFULLY BEFORE SIGNING**

**APPLICANT Legal Signature:** I HAVE READ THIS RELEASE _____ **Date:** _____

Applicant Printed Name: _____

Date of Birth: _____

Subscribed and sworn to at _____ before me this _____ day of _____ A.D. 20____

_____

SEAL

**Signature of Witnessing IMSA Official or Notary Public**

_____County, State of _____

My Commission Expires: _____