

**DEBORAH HOSPITAL FOUNDATION  
MOTORIZED UNIT  
WAIVER**

I know that operating a \_\_\_\_\_ is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained to do so. I also hold a currently valid license to operate the \_\_\_\_\_. Such license, which is valid in this State, is not revoked or suspended in any jurisdiction. I represent that I have all liability insurance coverage required by State law. I also know that there may be traffic on the course or route we are following. I assume the risk of operating a \_\_\_\_\_ in any such traffic. I also assume any and all risks associated with this event including, but not limited to, falls, contact with other participants or spectators, collision, overturns, the effects of weather, including high heat and/or humidity, cold, dampness, freezing conditions including ice, wet surfaces, and any other known and appreciated by me. I agree to operate the \_\_\_\_\_ in accordance with all applicable law.

Knowing these facts, and in consideration of your accepting my application and entry fee, if any, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and waive, release, discharge and hold harmless Deborah Hospital Foundation, any affiliated corporations, or officers, board members, trustees, directors, employees, agents, chapters, volunteer(s) and/or any insurer of the foregoing, (hereinafter referred to as "Deborah") from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event.

THIS RELEASE AND WAIVER EXTENDS TO ALL CLAIMS OF EVERY KIND OR NATURE WHATSOEVER, FORSEEN OR UNFORSEEN, KNOWN OR UNKNOWN. THIS WAIVER INCLUDES ANY PROPERTY DAMAGE TO PROPERTY OWNED AND/OR OPERATED BY ME (UNLESS FURNISHED DIRECTLY BY "DEBORAH" FOR THIS EVENT).

The undersigned further grants full permission to Deborah and/or its agents authorized by it, to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any purpose.

Applications for minors will be accepted only with parent's signature.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (If under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Chapter

\_\_\_\_\_  
Date