

MEMBER INFORMATION

1. Personal

Member name: _____
Family members: _____
Address: _____
Primary phone number: _____ cell/home/office
Secondary phone number: _____ cell/home/office
E-mail address: _____
Drivers' license number: _____ State: _____ DOB: _____ M / F
Occupation: _____ Business owner: Y / N

2. Driving experience

75% of our members have no track driving experience. This is why AMP offers several coaching resources to our members and guests to help teach people of all ages how to control cars better, be safer, and enjoy driving more.

Racing license(s): _____
Driving schools: _____
Driver education event(s): _____

Vehicles you will drive: _____

Warning: Motorsports events are inherently dangerous. High speed driving can result in injury or even death in the event of an accident or collision. You are responsible to sign waivers and ensure your guests sign waivers that indemnifying Atlanta Motorsports Park, its employees, and any or all other participants of responsibility. Use of the facilities is hazardous and involves extraordinary risk of serious personal injury or death, as well as the risk of damage to property. Member and guests freely and willingly accepts and voluntarily assumes all risks of property damage, personal injury or death in connection with Member's presence at AMP and the use of AMP facilities, and the presence at AMP and use of AMP facilities by his or her family members or other invitees.

I agree to abide by all Atlanta Motorsports Park bylaws, rules and regulations. I also agree to consistently follow up to see if any rules and regulations have changed and will comply with those changes.

Signature date

3. Medical

Member name: _____

Emergency Contact Information:

Name: _____ Contact Number: _____

Relationship: _____

Medical insurance carrier(s): _____

Allergies to Medications? _____

Other allergies? _____

Are you color blind? Y / N

Do you require prescription eyewear to drive? Y / N

Do you have a heart defibrillator? Y / N

Blood Type: _____ Organ donor? Y / N

Major surgeries: _____

Medications: _____

Herbal/vitamin supplements: _____

Please list any other further information you feel may be important for AMP to know if you are involved in an emergency situation (diabetes, heart conditions, blood diseases, schizophrenia, dentures, etc.)

An AMP member's physical and mental condition must be such as to allow him or her to use the road course without creating undue or unusual risk to him/herself or other persons using or being a spectator in, on, or around AMP. Member represents and warrants that his or her physical and mental condition and that of any guest spectators or drivers of member is fit to use AMP facilities for their intended purpose. AMP may refuse to permit a member and/or member's guest(s) access to or use of AMP facilities if AMP, in its sole discretion, determines that a member or member's guest(s) may not be fit mentally or physically to use the facilities. AMP makes no professional medical judgments nor does AMP have the appropriate professional expertise to make such a judgment. AMP will make any such decision based solely on the non-medical judgment of its personnel.

Member's medical information is kept confidential.

4. 2016 Form of release and waiver of liability, assumption of risk and indemnity agreement

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 to which admission by the general public is restricted or prohibited), I, the undersigned, for myself, my personal representatives, heirs and next of kin:

- A. Acknowledge, agree, and represent that I have or will immediately upon entering any of such restricted areas (any area on the AMP property past the front or back gates are considered restricted areas), and will continuously thereafter, inspect the restricted areas which I enter, and I 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 such and if necessary will leave the restricted areas and/or refuse to participate further in the event(s).
- B. Hereby release, waive, 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 and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation, loss control activities or sales 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, my 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 the negligence of the releasees or otherwise.
- C. Hereby agree 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.
- D. Hereby assume 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 the releasees or otherwise.
- E. Hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. I, the undersigned, also expressly acknowledge that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
- F. 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 State of Georgia and Dawson County, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I have read the 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.

Member printed name

member signature

date

Member name _____