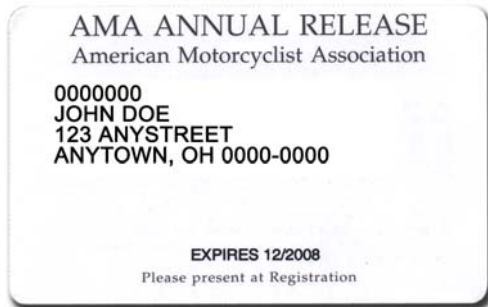


AMA Minor Annual Release

The AMA Annual Release and Waiver meets *all* AMA Release, Waiver and Assumption of Risk requirements for any type of AMA-sanctioned event. When you have an AMA Annual Release on file, the AMA does not require you to complete any additional AMA waivers during event registration. This saves time for you and your event organizer.



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AmericanMotorcyclist Association



The AMA Annual Release is valid for one calendar year, from January 1 to December 31. Upon receipt and validation of your completed and notarized Annual Release, the AMA will mail you an Annual Release Verification Card (left). Present this card along with your current AMA membership card during registration at AMA-sanctioned events to certify that you have a valid AMA Annual Release on file.

The AMA Annual Release is valid for AMA-sanctioned event registration only.
Event organizers may have additional entry and registration requirements.

Instructions

1. Print the entire two-page release on a color printer. **Both pages of the release must be printed in color.**
2. Parents must complete and sign the first page of the form. If parents are divorced, they both still must sign unless one parent has sole legal custody, in which case the parent/guardian with sole custody must initial the appropriate box and sign the release.
3. The minor must fill out the assumption of risk acknowledgement on page two.
4. After completing both pages, have them notarized in the space provided.
5. Mail completed and notarized forms to:

AMA Annual Release
13515 Yarmouth Drive
Pickerington, Ohio 43147

If you have any questions, please contact Cherie Schlatter, Organizer Services Manager, at cschlatter@ama-cycle.org or (614) 856-1900 ext. 1242, or Membership Services at membership@ama-cycle.org or (800) 262-5646.

MINOR'S ASSUMPTION OF RISK ACKNOWLEDGEMENT

ALL AMA/ATVA EVENTS, ACTIVITIES AND/OR LOCATIONS

ALL 2008 DATES

I have obtained the consent of my parents/guardians 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. My parents and I believe 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. My parents/guardians have explained to me and I understand that there are risks and dangers associated with participation in the EVENT(S) and admission within the RESTRICTED AREA that could cause severe bodily injury, disability and death.
3. My parents/guardians have explained to me and I understand 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, or the negligence of others, including those persons responsible for conducting the EVENT(S).

I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, 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

ADDRESS

I HAVE READ THIS RELEASE

WITNESS (Parent/Guardian)

PRINTED NAME OF WITNESS

Receipt or AMA Number (receipt number located on upper right of application)