

Personnel Only  
Exp Date: \_\_\_\_\_  
Member No. \_\_\_\_\_

# Texas Motocross Park Release Form

13055 Cleveland Gibbs Rd. Roanoke, TX 76262  
M to M, 3 Month, or 6 Month Membership  
Motocross Track

## RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**IN CONSIDERATION** of being permitted to participate in any way in the sport and activities of Motocross under the auspices of **Texas Motocross Park Inc.**, I acknowledge, appreciate, and agree that:

**1** . The risk of injury from the activity and equipment involved in motorized off road activities is significant including **the potential for permanent disability and death**, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;

**2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown **EVEN IF ARISING FROM THE NEGLIGENCE** of those persons released from liability below, **AND ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION**; and,

**3.** I understand that the activities of motorized off road activities are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazards during my participation, I will bring such to the attention of the nearest official as soon as practical **AND LEAVE THE AREA**; **4.** I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **FOREVER RELEASE AND HOLD HARMLESS TEXAS MOTOCROSS PARK, YOUR ADVENTURE INC, DFW ADVENTURE PARK & LIPSCOMB LIMITED, THE OWNERS AND LESSORS OF THE PREMISES USED TO CONDUCT THE MOTORIZED OFF ROAD ACTIVITIES, THEIR OFFICERS, OFFICIALS, AGENTS, PROMOTERS, SPONSORS AND/OR EMPLOYEES ("Releasees")**, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**5.** I understand and agree that the release of Liability AGREEMENT covers each and every motorized off road activity and/or event in which I participate or attend hereafter.

**6. I UNDERSTAND THAT THE PROMOTERS OF TEXAS MOTOCROSS PARK. OR YOUR ADVENTURE INC, DO NOT PROVIDE HEALTH INSURANCE. THE UNDERSIGNED FURTHER AGREES TO ASSUME ALL RESPONSIBILITY FOR DOCTOR, AMBULANCE, HOSPITAL AND MEDICAL EXPENSES AND ANY LOSS OR INJURY TO ME/THE MINOR AND/OR PERSONAL PROPERTY DUE TO PARTICIPATION IN ANY TEXAS MOTOCROSS PARK EVENT.**

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.**

## I HAVE READ THIS RELEASE

Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PRINT NAME CLEARLY**  
Printed name of rider appearing  
Before me \_\_\_\_\_

Street: \_\_\_\_\_  
Address  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Signature:  
Rider signature and/or  
mother/father/guardian \_\_\_\_\_/\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Subscribed and Sworn to Before me this \_\_\_\_\_ Name \_\_\_\_\_ day of \_\_\_\_\_ Number \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Printed Name of Notary Public \_\_\_\_\_

Expires: \_\_\_\_\_ County, State of \_\_\_\_\_ My Commission \_\_\_\_\_

Seal: