

MaxSpeed Track Days, LLC Co-Driver Waiver

Car Year/Make/Model: _____ Car Number: _____

Acknowledgement

This is a high-speed open track event held at a private racing facility. While the primary consideration during the event is safety, incidents may occur that could cause vehicle damage and/or personal injury. You will be driving with other participants whose vehicles may be uninsured and/or unregistered. You are fully responsible for the safe operation and safe mechanical condition of your vehicle. MaxSpeed Track Days, LLC, its officers, staff and facility providers assume no responsibility in the event of an accident, of any kind, during the course of this event. The undersigned assumes all risks and hazards incidental to participating in this high-speed open track event, whether foreseen or unforeseen, and does hereby waive, release, absolve, indemnify and agree to hold harmless MaxSpeed Track Days, LLC, its officers, staff and facility for any claim of any kind for damage or injury to his/herself, his/her personal property, including his/her vehicle, or damage to any other person, personal property or vehicle. By participating in this event, you assume all risk and liability of damage to the facility. This includes but is not limited to damage to the track surface due to spilled fluids, damage to guard rail, use of fire extinguishers and equipment and damage to tire barriers. If you have an incident that results in track damage you will be responsible for the costs of repair payable immediately to the track. Your signature below is your acknowledgment of the above and agreement to attend under these conditions.

I agree that I am solely responsible for my vehicle and personal safety and the cost of repair of any track damage. I hereby release MaxSpeed Track Days, LLC, its officers and staff from any responsibility or liability in the event of an incident.

(_____) **Initial Here:** I certify I will be wearing an SA2010 or newer helmet as a co-driver in this event.

Print Name _____ Signature _____ Date _____

Emergency Contact

Name _____ Relationship _____ Phone Number _____