



## Track Days Passenger Waiver

### Acknowledgement

I \_\_\_\_\_ certify that I am over age 18 and I consent to ride as a passenger in Track Advantage track day event.

I further acknowledge this is a high-speed open track event held at a private facility. I am fully responsible for any incidents that may occur resulting in vehicle damage and/or personal injury. I will be riding with other participants and drivers whose vehicles may be uninsured and/or unregistered.

Track Advantage LLC its officers, staff and facility providers assume no responsibility in the event of an accident or injury of any kind, during the course of this event. The undersigned assumes all risks and hazards incidental to participating in this highspeed open track event, whether foreseen or unforeseen, and does hereby waive, release, absolve, indemnify and agree to hold harmless Track Advantage LLC, its officers, staff and facility for any claim of any kind for damage or injury to his/herself, his/her personal property, 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, 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 participate under these conditions.

I agree that I am solely responsible for my personal safety and decision to ride as a passenger in this event. I hereby release Track Advantage 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 passenger in this event.

Passenger:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Riding with: \_\_\_\_\_

Driver Signature \_\_\_\_\_ Car number \_\_\_\_\_

Emergency Contact

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Present at Facility? Yes \_\_\_\_\_ No \_\_\_\_\_