

- Double check your GPS! Classes are held at Atlanta Motorsports Park in Dawsonville, GA.
- Classes begin at 9:00 am or 1:00 pm in the AMP Conference Centre. Registration for students will open 15 minutes before class.
- Pay close attention to your email and read the ones from DriveStrong about your appointment - there is important info in there!

IMPORTANT INFORMATION:

Carefully review the details below, as the requirements for completing the waivers differ based on the participant's age and whether they will be accompanied by a parent/quardian.

MINOR PARTICIPANTS (AGED 17 AND UNDER)	
ACCOMPANIED BY A PARENT/GUARDIAN '	PARTICIPANTS 18 AND OVER
BRING THE FOLLOWING TO CLASS/AMP:	
 valid Driver's License or Permit copy of your auto insurance card signed DriveStrong Waiver signed Parental Consent Waiver 	BRING THE FOLLOWING TO CLASS/AMP: valid Driver's License or Permit copy of your auto insurance card signed DriveStrong Waiver
signed Minor's Assumption of Risk Waiver	

MINOR PARTICIPANTS (AGED 17 AND UNDER) THAT WILL **NOT BE ACCOMPANIED**BY A PARENT/GUARDIAN

Important Notice for Unaccompanied Minors Visiting Atlanta Motorsports Park

All minors (aged 17 and under) attempting to enter Atlanta Motorsports Park (AMP) without their parent or legal guardian are required to have the Parental Consent Waiver and Minor's Assumption of Risk pre-notarized and signed by the minor's parents (or legal guardian), and the minor. Before entering Atlanta Motorsports Park, these pre-notarized forms must be provided to security gate staff.

MINOR PARTICIPANTS (AGED 17 AND UNDER) **NOT** ACCOMPANIED BY A PARENT/GUARDIAN

BRING THE FOLLOWING TO CLASS/AMP:

valid Driver's License or Permit
opy of your auto insurance card
signed DriveStrong Waiver
NOTARIZED & signed Parental Consent Waiver
ONOTARIZED & signed Minor's Assumption of Risk Waive

Here are a few things that will help when filling out the waivers....

Page 3 DriveStrong Waiver must be filled out

- The student's name goes on the participant line.
- If the student is a minor, the Participant or Parent Guardian signature line is to be filled out by the Parent or Parent Guardian. If the student is 18 or older, the student will sign.
- If the student is a minor, the Parent/Guardian Name (print) and signature lines must be filled out by the Parent or guardian.

Page 4 Parental Consent Waiver must be filled out (and notarized if the participant is an unaccompanied minor.)

• Description and Location of Event(s) - DriveStrong @ Atlanta Motorsports Park

There are two applicant/parent areas on this waiver. **ONLY 1** parent is needed **unless** legally required for both to be signed due to custody or guardian agreements.

- 1. APPLICANT Legal Signature: Parent 1's Information.

 Affiliation: write Parent or Guardian, based on your personal circumstance.
- **2. APPLICANT Legal Signature**: ONLY if legally required Parent 2's Information. Affiliation: write Parent **or** Guardian, based on your personal circumstance.

Subscribed and sworn to at...is to be completed by the notary if required.

Page 5 Minor's Assumption of Risk Waiver must be filled out (and notarized if the participant is an unaccompanied minor.)

- Description and Location of Event(s) DriveStrong @ Atlanta Motorsports Park
- APPLICANT Legal Signature: Minor's Signature Affiliation: DriveStrong

Subscribed and sworn to at...is to be completed by the notary if required.





All participants or parents or guardians of any participating child (under 18) that wish to participate in any Drive Strong Inc. program or activity must complete the following release form before I, (or my child/participant) may begin the program or activity. (Please keep a copy of this form within each participant's file for future reference).

Participant's Name:		Age:	
Participant or Parent Gua	rdian		
Home Address:			
Home # ()	Work# ()	Email:	
Program or Event Info	rmation		
I agree to (or have my ch	aild) participate in the following	Program or Event:	
Drive Strong Teen Drivin	ng Program or Private Instruction	Program. This event will take place at	
Atlanta Motorsports Park	20 Duck Thurmond Rd. Dawson	ville GA 30534.	
child/participant) may su occurring in or about the waive all claims, and rele harmless for any and all I (or my child/participant safely operate a motor vecompanies ("AMP") are r I understand that if I (my refuse to follow instructi \$500.00 incident fee. I a employ or contract with a I grant to Drive Strong ar participant) in connection exploit any resulting film biographical information, in the world, in perpetuity I understand that nothing In consideration of my (n Drive Strong Inc, or AMF any and all claims resulting any program or event sport I HAVE READ ANI UNDERSTAND THAT VOLUNTARILY. PARE	responsibility for any and all ostain or incur, if any, while atterpremises of Drive Strong Inc., are ease and hold, its instructors, or claims for injuries or damages. It will stop driving at any time I behicle. I understand that Drive Stelying on my representations in a rechild/participant) willfully or in ons causing damage to the vehicle my medical services, provisions and AMP and its representatives possible with the event; and (b) use, representatives possible with the event; and (b) use, representatives possible with the event; and recordings, and performance (collectively "I or, for any lawful purpose, including herein Drive Strong or AMP or in the propose of the	THE ABOVE RELEASE/WAIVER AND FULLY STANTIAL RIGHTS BY SIGNING THIS WAIVER SIGN IF APPLICANT IS UNDER 18.	kk, ee, eer ed ee. oor a oor
i archivouaruian ivanie (j	лши	Date:	
Parent/Guardian Signatur	e:	Date:	

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

DESCRIPTION AND LOCATION OF EVENT(S)

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S) and/or being permitted to enter for any purpose any RESTRICTED AREA(S) (defined to be any area which requires special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited), I agree:

- 1. I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). I will inspect the premises, facilities, and equipment to be used, or with which the Minor may come in contact. IF I OR THE MINOR BELIEVE ANYTHING IS UNSAFE, I WILL INSTRUCT THE MINOR TO IMMEDIATELY LEAVE THE RESTRICTED AREA AND REFUSE TO PARTICIPATE FURTHER IN THE EVENT(S).
- 2. I FULLY UNDERSTAND and will instruct the Minor that: (a) THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and participation in the Event(s) and/or entry into Restricted Areas involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Minor's 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 THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risk(s) COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE MINOR'S FUTURE.
- 3. I consent to the Minor's participation in the Event(s) and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
- 4. I HEREBY RELEASE, 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 or event inspectors, surveyors, underwriters, consultants and other persons or entities who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or Event(s) and each of them, their directors, officers, agents, employees, representatives, owners, members, affiliates, successors and assigns, all for the purposes herein referred to as "Releasees," FROM ALL LIABILITY TO ME, THE MINOR, my and the minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY TO ME OR THE MINOR, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE.
- 5. If, despite this release, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the "Releasees" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 6. I sign this agreement on my own behalf and on behalf of the Minor.

I HAVE READ THIS PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.

ALL SECTIONS MUST BE COMPLETED.

And the second second second						
1. APPLICANT Legal Signature:	I HAVE I	read this rele	ASE	Date:		
Applicant Printed Name:						1
Date of Birth:	Affiliation:					
Subscribed and sworn to at		before me this	day of		_ A.D. 20	
2. APPLICANT Legal Signature:	IHAVEI	READ THIS RELE	ASE	Date:		
Applicant Printed Name:						
Date of Birth:	Affiliation:					
Subscribed and sworn to at		before me this	day of		A.D. 20	
NOTARY		Notary Public:				County
		Chata of				County,
		State of				
		My Commission Expires:	A			

MINOR'S ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY

DESCRIPTION AND LOCATION OF EVENT(S)	DATE RELEASE SIGNED

I have obtained my parent's consent 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. Both 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. I understand that the ACTIVITIES OF THE EVENT ARE VERY DANGEROUS and INVOLVE RISKS AND DANGERS OF MY BEING SERIOUSLY INJURED OR HURT, MY BEING PARALYZED OR KILLED.
- 3. I know 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).
- 4. I hereby assume all such risks, even if the risks are created by the **NEGLIGENCE** of the promoters, participants, racing associations, sanctioning organizations, or any of its subdivisions, track operators, track owners, officials, car owners, drivers, pit crews, rescue personnel, any persons in any restricted areas, promoters, sponsors, advertisers, owners, and lessees of premises used to conduct the events, premises or event inspectors, surveyors, underwriters, consultants, and any other person or entity who gives recommendations, directions, or instructions, or engages in risk evaluation, loss control activities or sales regarding the premises or events, and each of them, their officers and employees, all of which are referred to as "Releasees."
- 5. I hereby release, waive, covenant not to sue, and discharge, all of the Releasees from all liability to me, my personal representatives, assigns, heirs, and next of kin, for any and all loss or damage and any claim or any demand on account of any injury to me including, but not limited to, my death, whether caused by the **negligence** of the Releasees or otherwise.

I HAVE READ THE ABOVE ASSUMPTION OF RISK AND RELEASE AND WAIVER OF LIABILITY, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.

ALL SECTIONS MUST BE COMPLETED.

APPLICANT Legal Signature:	BAVE PE	AD THIS RELEASE	Date:	
Applicant Printed Name:				
Date of Birth:	Affiliation:			
Subscribed and sworn to at		before me this	day of	A.D. 20
NOTAF	3.4	Notary Public:		County,
SEAL		State of My Commission Expires:		