

Waiver of Liability, Indemnification and Medical Release

I acknowledge that the Motogymkhana European Championship (hereinafter the Event) is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to actions of other people including, but not limited to, participants, volunteers, spectators, event officials; lack of hydration, weather, and/or other natural conditions. I hereby assume all the risks of participating in this event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns forever as follows:

- Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, the following:
 - Organizers of the event organizers
 - Event volunteers
 - Event sponsors
 - Any other officials or third parties linked to the organization and holding of the event
- Indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities, if my actions during the Event be classified as reckless (this includes however is not limited to NOT following the safety rules, NOT following the Regulation, NOT following the instructions given by the Organizers) or should any of my actions be deliberately intended at causing harm.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Waiver of Liability, Indemnification and Medical Release form will be used by the Organizers of Motogymkhana European Championship, and the sponsors of the event in which I will participate and it will govern my actions and responsibilities.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Organizers, Sponsors, and/or Assigns.

The Waiver of Liability, Indemnification and Medical Release document shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name: _____ Age: _____

Signature: _____ Date: _____