



**CONSENT, WAIVER, RELEASE AND INDEMNIFICATION  
FOR ADULT'S USE OF MOTOCROSS TRACK AT THE PEAK SPORTS & ENTERTAINMENT COMPLEX.**

I am the participant identified below. I am over the age of 18. In consideration of my use of the Motocross Track at the The Peak Sports & Entertainment Complex ("facility"), I agree to this consent, waiver, release and indemnification for the current calendar year.

I understand the need to act in a safe and prudent manner to avoid risks to myself and others. I affirm that I am familiar with the operation of off-road motorcycles, the facility, and the proper use of protective safety gear, including a helmet. I will follow the facility's rules of conduct and/or operating procedures and all directions given by authorized persons.

I understand that the use of the facility and the operation of off-road motorcycles involves inherent risks and strenuous physical activity and may cause injuries to myself and others. I understand that there may also be health risks beyond immediate physical injuries. I fully assume these risks.

I certify that I am free from any known heart, respiratory, or other health problems that could prevent or inhibit me from safely participating in activities at the facility. I certify that I carry medical insurance ~~to~~ covers me and/or that I agree to be personally responsible for all costs of any emergency or other medical care I require or receive.

I release and hold harmless Tooele County, its officers, employees, agents and volunteers from any and all liability, claims, demands and causes of actions, including attorneys' fees and costs, for loss, injury or illness arising from my use of the facility.

Please ensure all sections of this waiver are fully completed with accurate information. Incomplete forms may be rejected or delayed. Review the document carefully before submitting to confirm all required fields, signatures, and dates are included. **By signing below, I confirm that I have carefully read and understand the contents of this document, have provided accurate information, and knowingly and voluntarily agree to the terms contained in this document.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date & Bike Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact's Cell Number: \_\_\_\_\_