

ABCRI TRACK WAIVER OF LIABILITY

Required For EVERYONE At Track – Watch Or Drive

REQUIREMENTS:

1. Waiver of Liability Required To Attend Any Activity (Watch Or Drive).
2. One Waiver of Liability Per Immediate Family (SAME ADDRESS).
3. Parent or Guardian Fills In Family Information & Signs.
4. Other Family Members (Kids, Too) Print Name & Sign Below.
5. All Participants Required to Attend Safety Orientation Class
6. Comply With All Box Car & RC Track Rules from ABCRI Website (www.bboxcarracing.org) & at Track.
7. **Key Track Rules To Follow:**
 - A. **HELMETS WITH STRAP REQUIRED FOR EACH DRIVER / RIDER**
 - B. **SPORTS SHOES COVERING FEET ENTIRELY REQUIRED FOR EVERYONE**
 - C. **YOUTH (under 18) MUST WEAR LONG PANTS COVERING ANKLES FULLY**
 - D. **DO NOT USE FEET TO STOP !!!**
 - E. **USE BRAKES TO SLOW OR STOP**
 - F. **KEEP FEET ON FOOT REST WHEN DRIVING**
 - G. **KEEP BOTH HANDS ON STEERING WHEEL, UNLESS BRAKING**
 - H. **KEEP HANDS & FEET OFF TRACK WHEN DRIVING**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

AS A PARTICIPANT OF AMERICAN BOX CAR RACING INTERNATIONAL (ABCRI), I UNDERSTAND AND ACKNOWLEDGE THAT EVENTS HELD AT THE ABCRI BOX CAR TRACK (AKA RACE WORLD HAWAII) AND WORKSHOP AND ANY OTHER BOX CAR OR SMALL CAR EVENTS ARE POTENTIALLY HAZARDOUS AND CAN RESULT IN INJURY TO THE PERSON OR DAMAGE TO HIS/HER PROPERTY AND AM FULLY AWARE OF THE RISKS AND HAZARDS INHERENT IN SUCH ACTIVITIES. I ACKNOWLEDGE THE BRIEFING I/WE RECEIVED REGARDING THE TYPE OF POTENTIAL HAZARDS I/WE MAY ENCOUNTER. I VOLUNTARILY ELECT TO PARTICIPATE IN ABCRI EVENTS HELD AT THE ABCRI BOX CAR TRACK (AKA RACE WORLD HAWAII) AND WORKSHOP AND ANY OTHER BOX CAR OR SMALL CAR EVENTS AND/OR UNDERTAKINGS AND ASSUME ALL RISK OF LOSS, DAMAGE OR INJURY THAT MAY BE SUSTAINED IN CONJUNCTION WITH SUCH ACTIVITY. I AGREE TO CONDUCT MYSELF IN A SAFE AND RESPONSIBLE MANNER WHENEVER ENGAGING IN ABCRI EVENTS AND/OR UNDERTAKINGS AND TO FOLLOW INSTRUCTIONS GIVEN TO ME BY ABCRI OFFICIALS. I ALSO AGREE THAT ABCRI SHALL HAVE THE RIGHT TO TAKE & PUBLISH ANY PHOTOGRAPHS OR VIDEO IMAGES OF TRACK ACTIVITIES OR LISTS OF PARTICIPANTS.

I hereby release ABCRI volunteers and/or officials, the promoter, participants, track operator(s), track owner(s), car owners, car drivers, pit crews, any persons in event areas, sponsors, advertisers, the City and County of Honolulu, its elected and appointed officials, agents and employees, owners and lessees of premises used to conduct the event and each of them, their officers and employees, all for purposes herein referred to as "Releasees," from any harm, injury, or claim whatsoever, and any and all liability for personal injuries or property damage arising out of or associated with my participation in ABCRI Events and/or Undertakings. I agree never to sue Releasees in connection with any and all damages, claims, demands, rights, causes of action or whatever occurring in conjunction with ABCRI Events and/or Undertakings.

I agree for myself and my heirs and legal representatives to indemnify Releasees and to save Releasees harmless from any and all actions, causes of actions, claims, judgments, cost of litigation and attorney fees, which may in any way and at any time result from my participation in ABCRI Events and/or Undertakings. I agree to translates all safety rules and instructions to anyone I accompany if they do not understand English fully, and monitor their activity on the track for safe conduct.

I have read and understand and agree to the terms and conditions set out above. It is my understanding and intent that an essential element in my participation in ABCRI Events and/or Undertakings is the execution of this Agreement, and that the effect of this Agreement is that I shall assume full risk for any injuries and/or damages sustained in the above stated activities.

By signing below I acknowledge that I have read this Agreement and agree to all its provisions and above Guidelines for myself and all members of my family, class and/or ward plus anyone signing this form. I have the authority to sign for everyone listed on this Waiver.

FAMILY INFORMATION:

Adult—Parent—Guardian Print Name: _____ age _____

Street Address: _____

City _____ State _____ Zip _____ Phone _____

ADULT—PARENT—GUARDIAN SIGN: _____ Date _____ email (not shared) _____

ALL OTHER FAMILY MEMBERS FILLOUT BELOW (By signing below I acknowledge that I have read this Agreement and agree to all its provisions and above Guidelines.)

Age _____ Print Name: _____ Sign Name _____

Age _____ Print Name: _____ Sign Name _____

Age _____ Print Name: _____ Sign Name _____

Age _____ Print Name: _____ Sign Name _____