



PHOTO RELEASE

By signing at the bottom of this form I hereby grant full permission to Delta Hawks Racing to use any photographs, motion pictures, recordings or any other record of my participation in this program for any legitimate purpose, including commercial advertising without monetary payment to me. **No, I do not wish to grant a photo release.**

RELEASE, INDEMNIFICATION AND WAIVER FORM

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the programs and activities (the "Programs") sponsored Delta Hawks Racing which are beyond the control of the coaches, affiliated organizations and sponsors, their employees and associated personnel, including the owner of sites and facilities utilized for the Programs, and that participation by my child in any Programs may entail unavoidable risk of personal injury, death and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning and unexpected extreme weather conditions and any hazard present in the outdoors, such as but not limited to low lying branches, sharp objects and slippery surfaces.

I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Delta Hawks Racing its coaches, officers, instructors, agents and employees from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said Programs or any third parties injured as a result of my child's actions.

In the event that my child requires medical attention while participating in the Programs, I hereby grant permission to Delta Hawks Racing and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.

Parent/Guardian Signature: _____

Dated: _____

Printed Name of Parent/Guardian:
