



**CONSENT, WAIVER, RELEASE AND INDEMNIFICATION  
FOR MINOR’S USE OF MOTOCROSS TRACK AT DESERET PEAK COMPLEX**

I am the parent/legal guardian of the minor identified below. In consideration of the minor’s use of the Motocross Track at the Deseret Peak Complex (“facility”), the minor and I agree to this consent, waiver, release and indemnification for the current calendar year.

I consent that the minor may use the facility. I have directed, or will direct, the minor to act in a safe and prudent manner to avoid risks to himself/herself and others. I affirm that the minor has familiarized himself/herself with the operation of off-road motorcycles, the facility, and the proper use of protective safety gear, including a helmet. The minor will follow the facility’s rules of conduct and/or operating procedures and all directions given by authorized persons.

The minor and 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 the minor and others. The minor and I understand that there may also be health risks beyond immediate physical injuries. The minor and I fully assume these risks.

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

The minor and 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 the minor’s use of the facility.

**By signing below, the minor and I confirm that we 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 of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Minor: \_\_\_\_\_

Signature of Minor: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian’s Email Address: \_\_\_\_\_

Parent/Guardian’s Cell Number: \_\_\_\_\_

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

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