

Hemond's Moto-X Park, LLC  
695 Woodman Hill Road  
Minot, Maine 04258  
[www.HemondsMX.com](http://www.HemondsMX.com)



Phone: 207-346-6200, Fax: 207-345-9575

*Our Best is the Least We Can Do!*

## Adult Employee Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Age \_\_\_\_\_

Circle all positions you are interested in.

Check all dates that you can work.

### RACE DAY POSITIONS

Admission Gate (Open 6am – 11pm)

Sign – Up (6:30am – 8am)

Checking (9am till racing ends)

Scoring (9:15am till racing ends)

Starting gate operator (8:45am till racing ends)

30 Sec. Board Flagger (7:45am till racing ends)

Finish Line Flagger (7:45am till racing ends)

Flagger (7:45am till racing ends)

Waterer (time varies)

### PRACTICE DAYS

Admission & sign up Flaggers

### GENERAL POSITION

Office Help

DAY	DATE	ORGANIZATION	✓
Saturday	5/25/2019	NESC	
Sunday	5/26/2019	NESC	
Saturday	6/15/2019	Maine Motocross	
Saturday	6/22/2019	New England Classic	
Sunday	6/23/2019	New England Classic	
Saturday	7/27/2019	J-Day	
Sunday	7/28/2019	J-Day	
Saturday	8/3/2019	Maine Series	
Saturday	8/31/2019	NESC	
Sunday	9/1/2019	NESC	

Hemond's Moto-X Park, LLC  
695 Woodman Hill Road  
Minot, Maine 04258  
[www.HemondsMX.com](http://www.HemondsMX.com)

Phone: 207-346-6200, Fax: 207-345-9575



*Our Best is the Least We Can Do!*

### Adult Permission

Date \_\_\_\_\_

To: HMXP

I, \_\_\_\_\_ understand that working at a motocross track is very  
(name)  
dangerous, and could result in serious injury or death. I have read and signed a release and waiver of liability and indemnity agreement, which is attached to this permission slip. The release that I have signed is good for all dates in 2019.

If I should be injured or worse while working at HMXP, my emergency contact person is:

\_\_\_\_\_

(name)

(relationship)

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

Other \_\_\_\_\_

Employee Signature \_\_\_\_\_

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

**ADULT RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**All Events/Activities @ HMXR, 695 Woodman Hill Road, Minot, MaineALL DATES IN 2019

IN CONSIDERATION of being permitted to compete, officiate, observe, work for or participate in any way in the EVENT(S) or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which admission by the general public is restricted or prohibited, including, but not limited to, the competition area and a hot pit or paddock area) THE UNDERSIGNED, for himself/herself, his/her personal representations, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any such RESTRICTED AREAS, and will continuously thereafter, inspect the RESTRICTED AREAS which he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the RESTRICTED AREAS and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any affiliated entities thereof, track operators, track owners, officials, vehicle owners, riders, crews, rescue personnel, and persons in any RESTRICTED AREAS, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters/brokers, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities, regarding the premises or EVENT(S) and for each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "RELEASEES" from ALL LIABILITY, ON ANY LEGAL THEORY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of the FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of, or related IN ANY MANNER, TO MY ATTENDANCE AT, OR PARTICIPATION IN, THE EVENT(S).
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OR FODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of, or related to, the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVERT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by the laws of the State or Province in which the EVENT(S) is/are conducted, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTATED ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND VOLUNTARILY WITHOUT ANYINDUCEMENT, ASSURANCE OR GUARENTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I FURTHER ACKNOWLEDGE THAT FAILURE TO NOTARIZE THIS FOR SHALL NOT AFFECT ITS VALIDITY.

<b>HAVE READ THIS RELEASE</b>			
PRINT NAME		SIGN NAME	
ADDRESS			
SUBSCRIBED AND SWARN TO AT	BEFORE ME THIS	DAY OF	20
SIGNATURE OF NOTARY PUBLIC	PRINTED NAME OF NOTARY PUBLIC		
COUNTY	STATE OF	/ / 20 MY COMISSION EXPIRES	

**SEAL**