

## Minor Employee Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Shirt size \_\_\_\_\_

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

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

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

Circle all you are interested in.

Check all 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)

Cook #1 (5:30am till close)

Cook #2 (10:30am 3pm)

### PRACTICE DAYS

Admission & sign up

Concession cook/cashier

Flaggers

### GENERAL POSITION

Office Help

| DAY      | Date    | ORGANIZATION | ✓ |
|----------|---------|--------------|---|
| Saturday | 5/25/24 | Spring Break |   |
| Sunday   | 5/26/24 | Spring Break |   |
| Saturday | 6/8/24  | MMX          |   |
| Saturday | 7/20/24 | MMX+NEMX     |   |
| Saturday | 7/27/24 | J-Day        |   |
| Sunday   | 7/28/24 | J-Day        |   |
| Saturday | 9/14/24 | MMX          |   |
| Saturday | 9/21/24 | Harvest Fest |   |
| Sunday   | 9/22/24 | Harvest Fest |   |

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!*

### Minor Permission

Date \_\_\_\_\_

To: HMXP

I, \_\_\_\_\_ give, \_\_\_\_\_ permission to work at HMXP,  
(parent's name) (minor's name)

all dates in 2024. I understand that working at a motocross track is very dangerous, and could result in my child being seriously injured or killed, and I have explained this to my child. We 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 dates in 2024.

If my child should be injured or worse while working at HMXP, I may be reached at:

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_

Other \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Printed name \_\_\_\_\_

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

City \_\_\_\_\_

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

# MINOR RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

## (READ CAREFULLY BEFORE SIGNING)

All Events/Activities @ HMXP, 695 Woodman Hill Road, Minot, Maine

ALL DATES IN 2024

IN CONSIDERATION for allowing in the below MINOR participant to compete, officiate, observe, work for, or participate ("participate") in any way in the above event and/or activities ("EVENT(S)") and/or being permitted to enter for any purpose an 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), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, and next of kin agrees that:

1. The MINOR AND PARENT OR GUARDIAN will immediately inspect the RESTRICTED AREA upon entering it and warrants that their entry therein and/or the MINOR'S EVENT(S). participation constitutes an acknowledgment that they have inspected the ARESTRICED AREA and find it safe and reasonably suited for the purpose of its use. The undersigned agree that if at any time in the RESTRICTED AREA they believe something is unsafe, it will be brought to the attention of an official, and they will remove themselves from the RESTRICTED AREA and the MINOR will withdraw from participation in the EVENT(S).
2. THE MINOR AND PARENT OR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of the RELEASEES (as identified below) or otherwise, while in or upon the RESTRICTED AREA for any purpose and/or while participating in any way in the EVENT(S). The undersigned recognize and understand that there are risks and dangers associated with participation in the EVENT(S) and admission within the RESTRICTED AREA could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act on the RELEASEES and others. All of the risks and dangers associated with participating in the EVENT(S) and/or entry into the RESTRICTED AREA are assumed not withstanding.
3. THE MINOR AND PARENT OR GUARDIAN release, waive, discharge and covenant not to sue the promoters, participants, associations, sanctioning organizations, (or any affiliates thereof), track operators, track owners, officials, vehicle owners, riders, pit crew, all persons in the RESTRICTED AREA, sponsors, advertisers, owners, lessees and lessors of the premises used to conduct the EVENT(S), premises and event inspectors, surveyors, brokers/underwriters, 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 officers, agents, and employees (all for the purpose herein referred to as "RELEASEES"), from all liability to ourselves, the undersigned, our personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses or damages of the MINOR and/or parent or guardian on account of any injury including, but not limited to, the death or injury of the parent/guardian or MINOR or damage to property, all of which is caused or alleged to be caused by the negligence of the RELEASEES or otherwise.
4. THE PARENT AND/OR GUARDIAN hereby agrees to indemnify, and save and hold harmless, the RELEASEES and each of them from loss, liability damage, or cost they may occur due, in any manner or degree, to the presence of the parent/guardian or the MINOR in the RESTRICTED AREA, or related in any way to their participation in, or presence at, the EVENT(S) and whether caused by negligence of the RELEASEES or otherwise. The parent and/or guardian further recognize and agree they are executing this Waiver and Release of Liability and Indemnity Agreement on behalf of themselves and on behalf of the MINOR.
5. This Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement extends to all acts of negligence by the RELEASEES, INCLUDING NEGLIGENCE RESUE 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, by notwithstanding, continue in full legal force and effect.

**THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. WE FURTHER ACKNOWLEDGE THAT FAILURE TO NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.**

1. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_  
Parent or Guardian (Signature) (Circle One) Date



I represent that I have sole legal custody or am the sole parent/guardian

(INITIAL)  
2. \_\_\_\_\_ Father/Mother/Guardian \_\_\_\_\_  
Parent or Guardian (Signature) (Circle One) Date

Printed Name of MINOR Participant: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Printed Name of Parent or Guardian: 1. \_\_\_\_\_

Printed Name of Parent or Guardian: 2. \_\_\_\_\_

|                            |                |                               |    |
|----------------------------|----------------|-------------------------------|----|
| 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       |                |                               |    |

NOTARY

SEAL

I have obtained the consent of my parents/guardians to participate in the above EVENT(S). I understand that I am assuming all of the risks if I get hurt during the EVENT(S) and I state the following:

1. My parents and I believe I am qualified to participate in the EVENT(S). I will inspect the premises and equipment and if, at any time, I feel anything to be unsafe, I will immediately leave and refuse to participate further in the EVENT(S).
2. My parents/guardians have explained to me and I understand that there are risks and dangers associated with participation in the EVENT(S) and admission within the RESTRICTED AREA that could cause severe bodily injury, disability and death.
3. My parents/guardians have explained to me and I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the EVENT(S), the rules of the EVENTS(S), the condition and layout of the premises and equipment, or the negligence of others, including those persons responsible for conducting the EVENT(S).

**I HAVE READ THE ABOVE ASSUMPTION OF RISK ACKNOWLEDGEMENT, UNDERSTAND WHAT I HAVE READ, AND SIGN IT VOLUNTARILY.**

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
SIGNATURE OF MINOR PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF MINOR PARTICIPANT

\_\_\_\_\_  
AGE

\_\_\_\_\_  
ADDRESS

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
WITNESS (Parent/Guardian)

\_\_\_\_\_  
PRINTED NAME OF WITNESS