## **LIABILITY WAIVER**

| ☐ Trackday ☐ Event Day ☐ Stage  | date   |
|---|--|
| PLEASE USE CAPITAL LETTERS  |  |
|   |  |
| I, the undersigned (SURNAME + FIRST NAME)   |  |
|   |  |
| DATE of BIRTH/  |  |
| STREET  |  |
| POSTCODE ORT  |  |
| COUNTRY   |  |
| E-MAIL  |  |
| I declare that I participate, of my own volition and with full knowledge of the facts, at the motorbike trackday described above. I declare that I am fit for track riding.  I hereby declare that I waive, for myself, my beneficiaries, my heirs, my close relatives (my parents, my husband or wife, my children) and our insurers, all claims against:  1. – the owner(s) and/operators of the circuit where the activity is taking place.  2. – the organiser(s) of the training course, and the staff members of Mertens School.  3. – other participants or other users of the said circuit.  4. – the participants and the owners (or the holders) of participating vehicles.  5. – the employees, volunteers and representatives of persons (or bodies) previously referred to in points 1, 2, 3 and 4.  6. – the insurers of the persons (or bodies) previously referred to in points 1, 2, 3, 4 and 5.  7. – for any damage or injury that I might suffer during this motorbike trackday.  In the event of death, this liability waiver shall also be binding on my beneficiaries, my heirs, my close relatives and our insurers.  I further accept that a rider may not hold another rider liable for any material damage and physical injury caused as a result of an accident on the track, that the riders are not considered as third parties among themselves and that riders shall not incur liability in the event of an accident between them.  I declare that I have acquainted myself with the regulations governing safety on the circuit and I undertake to comply with them.  I declare that I have read and accept the general terms and conditions and imprint of the Mertens Riding School available on its web site http://mertensschool.com |  |
| Contact in an emergency   | Drawn up in , on                                   |
| NAME  |  |
| MOBILE  | $\checkmark$                                       |
| INSURANCE   | Signature preceded by "Acknowledged and Agreed to" |