

NHMX

2025 DayRider Release Form

DayRider

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Last Name: _____ First Name: _____

Date of Birth: _____

Number & Street: _____

Town/City: _____

State: _____ Zip Code: _____

Tel. #: _____ E-Mail Address: _____

Paid With Application _____

NHMX LLC, P.O. Box 364, Lempster, NH 03605, (603) 558-9006

**Release Of Liability
And Assumption Of Risk Agreement**

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of Motocross under the auspices of NHMX LLC , TLMX PITS LLC , TLMX PARK LLC , TLMX PAD LLC , ANTHONY LORUSSO , I acknowledge and agree that:

1. The risk of injury from the activity and equipment involved in motorized off road activities is significant including **THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH**, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown **EVEN IF ARISING FROM THE NEGLIGENCE** of those persons released from liability below, **AND ASSUME ALL RESPONSIBILITY FOR MY PARTICIPATION**; and
3. I understand that the activities of motorized off road activities are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazards during my participation, I will bring such to the attention of the nearest official as soon as practical; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **FOREVER RELEASE AND HOLD HARMLESS NHMX LLC, TLMX PITS LLC , TLMX PARK LLC , TLMX PAD LLC and LEMPSTER CASTLE LLC , ANTHONY LORUSSO, THE OWNERS AND LESSORS OF THE PREMESIS USED TO CONDUCT THE MOTORIZED OFF ROAD ACTIVITIES, THEIR OFFICERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is result of gross negligence and/or wanton misconduct.
5. I understand and agree that the release of Liability AGREEMENT covers each and every motorized off road activity and/or event in which I participate or attend hereafter.

I, THE ABOVE IDENTIFIED INDIVIDUAL (OR PARENT OF SAME), have read and understand the waiver conditions on this page, and have executed same as my free act and deed, and agree (by signing this document), to the terms of this RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT.

Date Signed: ____/____/ **2025**

X _____

APPLICANTS SIGNATURE (IN INK)

This waiver was acknowledged AND signed before me,
AT _____ this _____ day
Of _____ 2025

NOTARY PUBLIC SIGNATURE with SEAL
My Commission expires: _____