

Medical Insurance Waiver Form

Return to: Grand Prix of Bowling Green Race Committee
c/o BGSU Motorsports
Technology Building, Room 124
Bowling Green, OH 43403-0303

I, the undersigned, in consideration of my being allowed to participate voluntarily in the practice sessions, qualifications, and go-kart race of the Grand Prix of Bowling Green Committee acknowledge the fact that I am not provided with medical coverage by either Bowling Green State University or the Grand Prix of Bowling Green Committee. I also understand that I participate under my own risk.

EXECUTED this _____ day of _____, 20 _____ .

Participant's **PRINTED** Name

Participant's Signature

Parent or Guardian **PRINTED** Name
(If Participant is under age 18)

Parent or Guardian Signature
(If Participant is under age 18)

For Use By Grand Prix of Bowling Green Race Committee Only

Date Received: _____