ATHLETE CONSENT FORM

As a member of the American Motorcyclist Association ("AMA") and in consideration of my status as a participant in the 2027 MotoAmerica AMA FIM North America Road Racing Championship, I hereby declare as follows:

1. I recognize the importance of maintaining the safety and integrity of professional motorcycle racing.
2. I agree to strictly comply with both the 2027 MotoAmerica AMA FIM North America Road Racing Championship Rulebook and AMA MotoAmerica Substance Abuse Policy & Testing Procedures ("Policy").
3. I understand that my agreement to comply with the Policy is an essential precondition to the issuance of a professional license and that I must abide by the Policy and submit to such testing procedures as may be conducted from time to time at the sole discretion of the AMA and its testing administrator and medical staff as a condition of continued licensure.
4. I hereby authorize the testing administrators and medical staff to contact my physician(s) and medical health care provider(s) and I give my consent to disclose my medical history, including prescriptions, for the purpose of any investigation.
5. I further understand that any violation of the Policy, or failure or refusal to submit to testing, will result in immediate disciplinary action up to and including the ineligibility of my privilege to participate in any AMA-sanctioned event.
6. I acknowledge and agree that all disciplinary actions shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any court or tribunal.
7. I consent to the public release and publication of my test results.

I have read, fully understand and agree to this Acknowledgement and Agreement.

_____ _____

Date Printed Name of Participant

_____ _____

Date of Birth (mm/dd/yyyy) Signature of Participant

MINOR ATHLETES UNDER THE AGE OF 18 MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT OR GUARDIAN.

I have explained to my son/daughter/minor the foregoing consent and its ramifications and I consent to their participation in this Championship and to their submission to doping control as outlined above.

1._____ Father/Mother/Guardian (circle one)

Printed Name of Parent or Guardian

_____ _____

Signature of Parent or Guardian Date

2._____ Father/Mother/Guardian (circle one)

Printed Name of Parent or Guardian

_____ _____

Signature of Parent or Guardian Date

IF ONLY ONE PARENT/GUARDIAN IS SIGNING, PLEASE INITIAL ONE OF THE FOLLOWING:

_____(*initial*) I represent and warrant that I am the sole parent/guardian of the Minor.

OR

_____(*initial*) I represent and warrant that I am a parent/guardian of the Minor and have been authorized by the non-signing parent/guardian to sign this document on his/her behalf.