

VMA Rider Hill

Employment Form

Employee Information

Name:				DOB:			
Address:							
Parent/Guardian:			Phone number	:			
Email:							
Is this your first year working here? Yes No							
Emergency Contact Information							
Name:			Number:				
Relationship:							
Medical							
Allergies:							
Conditions (relevant that we may need to know):							
*Employees are responsible for bringing their own lunch, drinks and appropriate clothing for weather conditions. We suggest you bring a bag of supplies including: bug spray, sunblock, weather appropriate apparel, blanket, hat, etc. Prior to each Practice/Race event you will be contacted by a Race Official to verify attendance. Contact is usually through group text. You are responsible to respond attendance at least 4 days prior to an event to Brie @ 802-323-3395. If you are unreliable, a track official has the right to terminate employment at any time. Anyone who is wishing to use employment for community service time, you must bring your form and present it to a track official for completion.							
2024 Schedule: (please	indicate date	s that you cannot a	ttend if you know at thi	is time)			
2024 Schedule:							
Race-	Practice	Race	Practice	Race	Practice		
5/26	5/25	7/7	7/6	9/1			
6/2		7/21		9/15			
	6/16	8/4	8/3	9/29	9/28		
6/23		8/18		10/6			

RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

EVENT	NAME/LOCATION: _	Rider Hill, Derby VT	EVENT DATE:	2024 Season				
permitte enter or	ed to enter for any purp any area to which admi	ermitted to compete, officiate, obser pose any RESTRICTED AREA (defined ssion by the general public is restricte THE UNDERSIGNED, for himself, his p	as any area requiring authorizati ed or prohibited, including but no	on, credentials or permission to t limited to the competition area				
1.	thereafter, inspect the R	d represents that he/she has or will imme ESTRICTED AREAS which he enters and e feels anything to be unsafe, he will imn	he further agrees and warrants that	at, if at any time, he is in or about				
2.	HEREBY RELEASES, WAIV administrative organization personnel, and any personnel, and any personnel the EVENT(S), prodirections, or instruction their directors, officer, and UNDERSIGNED, his person DEMANDS THEREFORE (Control of the control of the c	ES, DISCHARGES AND COVENANTS NOT ons or any affiliated entities thereof, track ons in any RESTRICTED AREA, promoters, emises and event inspectors, surveyors, us, or engage in risk evaluation or loss con agents, and employees, all for the purposal representatives, assigns, heirs, and in ACCOUNT OF INJURY TO THE PERSONTED TO THE EVENT(S), WHETHER CAUSE	coperations, track owners, officials, of sponsors, advertisers, owners, less nderwriters, brokers, consultants and strol activities regarding the premise poses herein referred to as "Releanext of kin, FOR ANY AND ALL LOSS N OR PROPERTY OR RESULTING IN	car owners, drivers, pit crews, rescue ors and lessees of premises used to dothers who give recommendations, sor EVENT(S) and for each of them, ises", FROM ALL LIABILITY TO THE GOR DAMAGE, AND ANY CLAIM OR THE DEATH OF THE UNDERSIGNED				
3.								
4.								
5.	HEREBY acknowledges the and/or property damage	iat THE ACTIVITIES OF THE EVENT(S) ARE Each of the UNDERSIGNED also express T RESCUE OPERATIONS OR PROCEDURES	E VERY DANGEROUS and involve the ssly acknowledges that INJURIES RE					
6.	the RELEASEES, INCLUDING Province or State in which	Release and Waiver of Liability, Assumption of NegLIGENT RESCUE OPERATIONS and the three t	it intended to be as broad and inclus	ive as is permitted by the laws of the				
TERMS, WITHOU	UNDERSTAND THAT I H JT ANY INDUCEMENT, A	O WAIVER OF LIABILITY, ASSUMPTION AVE GIVEN UP SUBSTANTIAL RIGHTS SSURANCE OR GUARANTEE BEING M. ILL LIABILITY TO THE GREATEST ALLOV	BY SIGNING IT, AND HAVE SIGN ADE TO ME AND INTEND MY SIGI	ED IT FREELY AND VOLUNTARILY				
MEMBE	R INFORMATION:							
Print Na	me	Sign Name		Date				
IF MINC	OR, GUARDIAN INFORM	ATION:						

Sign Name

Date

Print Name