

Date: _____

LIABILITY RELEASE

By signing below, I confirm that I wish to participate in the WBT Holiday on Ice and related activities (including ice skating) being held from November 22, 2011 through January 8, 2012 (the "Event") at the NASCAR Hall of Fame Ceremonial Plaza (the "Venue"). I understand that participation in the Event is entirely voluntary and at my own risk. I represent that I am in good health and do not have any pre-existing condition or injury that could prevent me from safely participating in the Event. I agree to comply with all applicable rules and regulations of the Event and the Venue. If checked below, I am also signing on behalf of my minor child or legal ward and represent that I have full legal authority to do so. In consideration of being able to participate in the Event, **I, on behalf of myself and my child/ward (if applicable), heirs, executors and assigns, hereby release, discharge and agree not to sue or make any claims against, and further agree to indemnify and hold harmless, WBT, Greater Media Charlotte, Inc., the NASCAR Hall of Fame, the Charlotte Regional Visitors Authority, and each of their respective affiliates, parents, directors, officers, employees, agents and representatives (collectively, "releasees"), with respect to all causes of action or suits or proceedings of any nature, in law or equity, arising out of or related to my participation in the Event, including (without limitation) accident, injury or death.** I understand and agree that this release and indemnification includes, without limitation, any claims relating to injuries or conditions that may be caused or aggravated by my participation in the Event, as well as any claims arising from injuries or conditions sustained or aggravated by my refusal to accept medical treatment for any reason. I hereby authorize WBT personnel to act on my behalf in consenting to emergency medical examination and treatment. In case of an emergency, I hereby authorize treatment and care of myself at or by any hospital or emergency medical unit. If I or any person acting on my behalf initiates any action, proceeding or suit which challenges the legality, validity or enforceability of this Release or asserts any claim released hereby, I will reimburse the releasees for all damages and reasonable costs and expenses (including, without limitation, attorneys' fees) incurred in connection with any such action, proceeding or suit. This Release is intended to be a general release and to discharge and release any and all claims and is not to be construed as an admission of liability on the part of any of the releasees. If any provision of this Release is held by a court of competent jurisdiction to be invalid, void or otherwise unenforceable, that provision will be disregarded and the remaining provisions will remain enforceable to the fullest extent permitted by law. This Release shall be governed by the laws of The State of North Carolina.

In addition, the undersigned acknowledges that WBT personnel may take photographs or video recordings at the Event that may include images of me or my child/ward ("Photo/Video"). I acknowledge and agree that the Photo/Video may be displayed, published, posted and/or streamed at www.wbt.com, and may be distributed to local press or trade papers for promotional purposes.

1 Signed: _____ Check if Parent or Guardian Date of Birth: _____
Printed Name: _____ Print Child's Name _____

2 Signed: _____ Check if Parent or Guardian Date of Birth: _____
Printed Name: _____ Print Child's Name _____

3 Signed: _____ Check if Parent or Guardian Date of Birth: _____
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10 Signed: _____ Check if Parent or Guardian Date of Birth: _____
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