

WAIVER AND FULL RELEASE OF LIABILITY, INDEMNITY AGREEMENT
AND COVENANT NOT TO SUE
PRAIRIE MEADOWS RACETRACK AND CASINO, INC.
AND POLK COUNTY, IOWA

This Waiver and Full Release of Liability, Indemnity Agreement and Covenant Not
To Sue 35HOHDVH' LV HQWHUHG LQWR WKLVB BBBBBD GD\ RI
XQGHUVLJQHG SHUVRQ LQ IDYRU RI 3UDLULH 0HDGRZV 5D
0HDGRZV DQG 3RON &RXQW\ ,RZD 33RON &RXQW\'

RECITALS

)RUP 397)' ZKHUHLQ , UHTXHVWHG DQG UHFHLYHG IURP 3U
EDQ IURP HQWHULQJ WKH 3UDLULH 0HDGRZV SUHPLVHV

B. As stated below, I have been voluntarily excluded from Prairie Meadows for a period of at least five (5) years as of the date of this Release.

C. Contemporaneously with the date of this Release, I am submitting a Request For Removal From Prairie Meadows Self FOXLRQ /LVW 35HTXHVW' ZKHUHLQ my voluntary selfexclusion effectuated by the VTF be revoked and I be permitted access to the premises of Prairie Meadows.

D. I understand that Prairie Meadows will not process or approve my Request unless I sign this Release.

NOW, THEREFORE, as an inducement to Prairie Meadows to ~~process~~ my Request, I do hereby agree as follows:

1. I do hereby forever release, waive, discharge, acquit, and covenant not to sue Prairie Meadows or Polk County, or any of their officers, directors, supervisors, employees or agents, together with Polk County and all other persons, firms, or corporations, known or unknown, who are or might be claimed to be liable, on and from all claims, demands, actions, and causes of action, and from all loss, damage, and expense of every kind, nature, and description, which I have or ever claim to have in respect to damages, injuries or injurious results, known, or unknown, developed or undeveloped, direct or indirect, suffered or sustained by me arising from my access to Prairie Meadows (whether physically in or on DPL ULH 0 HDGRZV ¶ ID FLOLWLHV advance deposit wagering account), and participating, directly or indirectly, in any gaming or pari mutuel activities.

2. I do hereby further agree to indemnify, hold harmless, and defend any or all of the persons or entities released above, including, but not limited to Prairie Meadows and Polk County, from and against any claims, liens, demands, or suits of any party or parties expressly including the negligence or negligent acts of Prairie Meadows and Polk County and any of their officers, directors, supervisors, employees, or agents which may be brought hereafter by reason of P\ DFFHV V WR 3UDLULH 0HDGRZV ZKHWKHU SK\VLFD O O\ L remotely via an advance deposit wagering account), and participating, directly or indirectly, in any gaming or pari mutuel activities or any claims, demands, or causes of action that are or could be brought by or through me against the persons or entities released above, including, but not limited to, subrogation claims of insurers, medical payors, liens, or claims for any hospital, medical, physician, or other health care provider expense, or the effects or consequences thereof; and any claims of any parent, spouse or child, of mine arising from injuries or damages sustained by me EHFDXVH RI VXFK DFFHV V WR 3UDLULH 0HDGRZV ¶ SUHPLVH mutuel activities.

Please complete the following information:

First Name _____ Middle Name _____

Last Name _____

Former Name(s) _____

Last Four Digits of SSN# _____ Date of Birth (Month/Day/Year) _____

CAUTION