2012 INDYCAR
DRIVER MEDICAL AUTHORIZATION, ACKNOWLEDGEMENT AND CONSENT

I understand that as a condition to my participation in Indy Racing League, LLC d/b/a INDYCAR ("INDYCAR") competition, I will be required to submit to examination and/or testing and to complete a medical history form to determine my physical and psychological fitness before my first participation of each racing season and at any time during the season that my fitness may be in question (i.e., after an accident, injury, and/or illness). Because current treatment and medical history are necessary to a determination of fitness, I understand that it is my responsibility to forward or have forwarded to the INDYCAR Medical Director and/or his representative my medical records from other physicians and/or medical facilities, even if not specifically requested. I also understand that it is my obligation to immediately notify the INDYCAR Medical Director and/or his representative at any time during the season should I take, or I am prescribed to take, medication or drugs of any kind or if I am diagnosed with medical condition, including pregnancy.

I understand and agree that examinations, tests, medical advice, and treatment including without limitation emergency rescue are performed by medical representatives on behalf of INDYCAR and doing so in regard to their contractual obligations with INDYCAR. These medical professionals are performing their medical services based upon a relationship established in the State of Indiana. I recognize that they are not acting or rendering personal medical services to me as I have my own person physician.

I certify that past, current and future information I provide to INDYCAR medical representatives is correct and complete. If at any time I receive information or develop a belief that I am not physically or psychologically fit to drive a race car in competition at high speeds, I will immediately advise the INDYCAR Medical Director and/or his representatives of my concern for my own fitness.

In acknowledging INDYCAR'S need for my medical information, to acquire information by examination and testing, and to conduct emergency treatment including rescue, I hereby give INDYCAR and attending medical representatives my unrestricted permission for examination, testing, emergency treatment, and access to medical information. I also give permission to any healthcare facility or physician to release any information regarding an injury or illness in INDYCAR. I waive any and all claims against INDYCAR and its medical representatives relating to examination, testing, test results, emergency treatment, and the use and disclosure of medical information. I agree that this waiver of claim is without limitation as to the basis of its legal theory including claims of invasion of privacy and/or breach of confidentiality, claims arising out of strict liability, and claims of sole or contributory negligence.

Finally, I recognize and agree that the INDYCAR Medical Director and/or his representative renders an opinion as to my fitness, the final determination of my ability to participate is made by INDYCAR.

READ! THIS IS A LEGALLY BINDING DOCUMENT

Driver's Signature _____ Date _____

Printed Name _____