



**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 (“Release”) is entered into this _____ day of _____, 202____, by the undersigned person in favor of Prairie Meadows Racetrack and Casino Inc. (“Prairie Meadows”) and Polk County, Iowa (“Polk County”).

RECITALS

A. The undersigned person (“I”) has previously executed a Voluntary Trespass Form (“VTF”) wherein I requested and received from Prairie Meadows an irrevocable lifetime ban from entering the Prairie Meadows’ premises.

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-Exclusion List (“Request”) wherein I am requesting that my voluntary self-exclusion 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 approve 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 or 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 may 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 Prairie Meadows' facilities, or remotely via an 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 third-party or parties expressly including the negligence or negligent acts of Prairie Meadows and/or Polk County and any of their officers, directors, supervisors, employees, or agents which may be brought hereafter by reason of my access to Prairie Meadows (whether physically in or on Prairie Meadows' facilities, or 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 because of such access to Prairie Meadows' premises and participation in such gaming or pari-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) _____

Approximate Date of Exclusion (specific date will be verified) _____

Email _____

Street Address _____

City _____ State _____ Zip Code _____

Driver's License Number: _____ State of Issue: _____

****signature page to follow****

CAUTION — THIS IS A RELEASE — READ BEFORE SIGNING.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE, UNDERSTANDS ITS TERMS AND FREELY AND VOLUNTARILY SIGNS THE SAME. I certify under PENALTY OF PERJURY that I am the person listed above, the last four digits of the Social Security number entered above are my own, and that the above information is true and correct to the best of my knowledge.

Dated this _____ day of _____, 202____.

Signature

Printed Name

Mail completed form to:

Prairie Meadows
Casino • Racetrack • Hotel
Attn: Security
1 Prairie Meadows Drive
PO Box 1000
Altoona, IA 50009-0901