



36<sup>th</sup> Anniversary  
Irish Festival Bed Race Registration  
MARCH 17, 2012  
10:30 a.m. – Shotgun start

Sponsoring Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Participants:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Would you like to be considered for:

Time Race  Best Decorated (Irish Theme)  Both

*The race will be from State Street to 6th Street, down McEwan Street.*

*All entries must be present at the FIRSTBANK parking lot by 9:45 a.m. for registration and pairings.*

If you have a preference of paring, please indicate below:

\_\_\_\_\_

RULES:

1. All beds must have four (4) wheels, four "pushers" and one "rider."
2. NOTE: That "rider" must WEAR A PROTECTIVE HELMET.
3. At least one of the five must be from the sponsoring organization.
4. All five teammates must be at least 16 years of age. (Under 18 need a waiver signed by parent.)

**CLARE IRISH FESTIVAL BED RACE PARTICIPATION  
RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

In consideration of my participation in the event and with the understanding that my participation in the event is only on the condition that I enter into this agreement for myself and my heirs and assigns, I assume the inherent and extraordinary risk involved in the Irish Festival Bed Race, and in any other activity connected with the event in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of my participation in this event and release from liability the Clare Irish Festival Committee, the City of Clare, the Clare Area Chamber of Commerce, or other sponsors or affiliated organizations and their respective agents, directors, officers, and employees.

I waive any claim I may later have as a result of any and all injuries to my person or property as a result of my participation in the event, my use of and/or condition of my "bed", and any other activities connected with this event in which I may voluntarily participate.

I agree to indemnify against liability all persons named above and other sponsors or affiliated organizations and their respective agents, directors, officers and employees for all claims, including attorney fees and costs, that may be brought against any of them by anyone claiming to have been injured as a result of my participation in the event or for any injury to me or my property that may occur as a result of the event.

I understand that participating in the Irish Festival Bed Race is a physical sport and that physical injury may result. I certify that I am in good physical condition to participate in the event. I have read and fully understand this release and I am of lawful age and legally competent to make this agreement.

**For participants under the age of eighteen a parent or guardian must also sign this release and the attached parental indemnification agreement.**

Signature of Participants: (ALL PARTICIPANTS MUST SIGN BELOW)

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_  
(5) \_\_\_\_\_

Parent or Guardian's Signature: (Parent or guardian must also sign the attached indemnification agreement)

I certify that I have read the above release and that I am the lawful guardian or parent of the following participant:

Print name of participant: Parent or Guardians signature:

\_\_\_\_\_ Participant # \_\_\_\_\_  
\_\_\_\_\_ Participant # \_\_\_\_\_  
\_\_\_\_\_ Participant # \_\_\_\_\_  
\_\_\_\_\_ Participant # \_\_\_\_\_

INDEMNIFICATION AGAINST LIABILITY

In consideration of allowing my child to participate in the Irish Festival Bed Race, I agree to indemnify against any and all liability and/or loss, what so ever in nature, the Clare Irish Festival Committee, the City of Clare, the Clare Area Chamber of Commerce, or other sponsors or affiliated organizations and their respective agents, directors, officers, and employees, from any and all liability or loss that they may sustain as a result of claims, demands, costs, or judgments arising from my child or children's participation in this event.

I certify and warrant that I am the legal guardian or parent of (name of child) \_\_\_\_\_, that he or she is in good physical condition that would permit his or her participation in a physical sport. I understand that the Irish Festival Bed Race is a physical sport and that my child may suffer a physical injury (including death) as a result of his or her participation in the event. I agree to hold the Clare Irish Festival Committee, the City of Clare, the Clare Area Chamber of Commerce, or other sponsors or affiliated organizations and their respective agents, directors, officers, and employees harmless from any liability and/or losses that may occur or result from my child's participation in the event.

I have read and fully understand the indemnification agreement and I am aware of the inherent dangers of allowing my child to participate in this event and I sign this agreement freely and of my own accord.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_