

IRISH FESTIVAL BED RACE ENTRY FORM
MARCH 14, 2009

Sponsoring Organization _____
Phone # of Contact Person_(____)_____-_____

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.
The race will start at 10:30a.m. All entries must be present at the
FIRSTBANK parking lot by 9:45 a.m. for registration and pairings. If
you have a preferenced 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.

RELEASE OF LIABILITY

IMPORTANT!! PLEASE READ CAREFULLY

I realize that the Irish Festival Bed Race requires physical conditioning and I represent that I am in sound medical condition. I have no physical or medical condition that would endanger either myself or others.

I accept responsibility for the condition of my/our "bed" and agree to abide by all rules of the race.

I understand that the race can be a hazardous activity that has many dangers and risks including injury resulting from accident or physical exertion. I understand that racing involves a risk of injury. I agree, as a consideration of and in consideration for being permitted to participate in the race, to freely and expressly assume and accept any and all risks of injury to the rider, any pusher, or any property loss or damage (including injury, loss, or death, or damage attributable to the negligence of the Irish Committee.)

I agree to release the sponsors and promoters of the race, including 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 responsibility or liability for injuries or damages which result, either directly, or otherwise, from my participation in the race. I agree not to make a claim against or bring suit against the City of Clare, the Clare Irish Festival Committee, or the Clare Area Chamber of Commerce or other sponsors or affiliated organizations, for injuries or damages relating to racing and/or other activities during the race.

I am aware that this is a release of liability and a contract between myself and the Clare Irish Festival Committee. I am signing it freely and of my own accord, and I recognize and agree that it is binding upon myself, my heirs and assigns.

WE, THE UNDERSIGNED, HAVE CAREFULLY READ THE ABOVE RELEASE OF LIABILITY AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS.

(ALL PARTICIPANTS MUST SIGN BELOW)

1. _____ 2. _____

3. _____ 4. _____

5. _____ Date: _____