New Albany Fall Festival Bed Races

PO Box D New Albany, PA 18833 - (570) 250-1032

DATE: Saturday, September 24th, 2011

LOCATION: Main Street, New Albany **TIME:** 4:00pm

ENTRY FEE: $25.00 per team

Payable to: New Albany Volunteer Fire Dept. Mail to above address.

Registration Form

Deadline for submitting: Saturday September 24th, 2011

Team Name:_____

Team Captain Name:_____

Captain's Address:_____

City:_____State: _____ Zip: _____

Captain's Phone:_____ Email:_____

Team Member Name:_____

Team Member Name:_____

Team Member Name:_____

Team Member Name:_____

Alternate Member Name:_____

Race Team Waiver Of Liability - Please read carefully and sign

I understand participating in a bed race is potentially a hazardous activity. I understand I should not enter and race unless I am medically able and have properly trained. I assume all risks of being in the race. I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the New Albany Volunteer Fire Department, their members, volunteers, race officials and any sponsoring body, their successors and assigns, the borough of New Albany in the state of Pennsylvania, and its officials from any and all claims or cause of action I may have from all personal injuries or property damages caused by or arising out of the New Albany Fall Festival Bed Races. I also agree to abide by the rules and regulations issued by race officials.

Rider Name-Print	DOB	Signature
Runner Name-Print	DOB	Signature
Runner Name-Print	DOB	Signature
Runner Name-Print	DOB	Signature
Runner Name-Print	DOB	Signature
Alternate Name-Print	DOB	Signature