

The Great Skowhegan Bed Race

The Skowhegan Parks & Recreation Dept. invites you to get "Ready to Roll!"

Registration Form

Thursday, August 3, 2017 @ 7:00pm

Team Name

Team Contact Name & Phone Number

Team Members

1. _____
2. _____
3. _____
4. _____
5. _____

I have read and understand all rules and have informed all team members of the rules.
All team members have signed a release form.

Printed Name: _____ Signature: _____

Date: _____

Please complete forms & return to:

Skowhegan Parks & Recreation Department

225 Water St. (Mailing)

39 Poulin Dr (Location)

Skowhegan, ME 04976

Tele:(207) 474-6901 Fax:(207) 474-6913

Email: skowrec1@skowhegan.org

Website: www.skowhegan.org

2017 The Great Skowhegan Bed Race

Rules & Information

1. If you are entering more than one team, please use another form.
2. Beds will be provided for all teams.
3. Forms must be completed and returned to the Skowhegan Parks & Recreation Department to participate in the race.
4. Teams must consist of 5 people. A substitute may be used in the event of an injury.
5. All team participants must fill out waivers before participating, which are available at the Skowhegan Community Center and online at www.skowhegan.org (recreation site-printable forms)
6. All participants must be over the age of 14. Any participants under the age of 18 must have a waiver signed by their parents before the race begins in order to participate.
7. Teams must be suitably dressed. The rider must wear a helmet.
8. Race competitors must obey instructions & rules from race coordinators and police.
9. 4 team members will push and 1 team member, with a helmet on, will be a passenger on the bed.
10. Teams must stay in their assigned lanes.
11. If passenger falls off the bed, the bed must come to a complete stop until passenger is on the bed. Passenger cannot help push.
12. Teams will push the bed past the 1/2 way line and change passengers on the bed. The bed may not move back across the line until the passenger has a helmet on.
13. Infringements of these rules may result in disqualification.
14. All decisions of the race coordinators are final.
15. The official Moonlight Madness Bed Race Trophy will be presented to the fastest team and will have bragging rights until next year's bed race.

ADULT RELEASE FORM

I consent and assent to participation in the athletic ventures, games and sports events sponsored by the Skowhegan Parks and Recreation Department and/or the Skowhegan Sports Boosters Club, Inc., and by this assent and consent do hereby assume all responsibility for any injuries and damages related thereto that I may receive or sustain as a result of incident to the participation therein or any related activity thereof and as further consideration of permitting said participant to engage in said ventures, games and sports events and activities related thereto the undersigned, jointly and severally agree to indemnify, protect and save harmless the Skowhegan Parks and Recreation Department and the Skowhegan Sports Boosters Club, Inc., and their Officers, Directors, Agents, Servants, and Employees from all judgments, costs and expenses whatsoever arising on account of any action, claim or demand by said participant or by any person acting for or on behalf of said participant in respect of any claimed injuries or damages.

Photographs/Videos: The Department of Parks & Recreation may take pictures and or videos of participants at our programs, activities or special events. Please be aware that the picture and or video may appear in future promotional materials, including our brochures and web site.

PLEASE PRINT

Date: August 3, 2017

Program(s): Moonlight Madness Bed Race

Name: _____

Are you 18 or older? Yes _____ No _____

Phone: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Emergency Number/Person: _____

Signature: _____ **Date:** _____

PARENT/GUARDIAN ASSENT & RELEASE
Skowhegan Parks and Recreation Department
Youth Release Form

The undersigned being the parent or guardian of (child's name), a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Skowhegan Parks and Recreation Department and/or the Skowhegan Sports Boosters, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Skowhegan Parks and Recreation Department, the Skowhegan Sports Boosters, their officers, directors, agents, servants, and employees from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. *Photographs/Videos:* The Department of Parks & Recreation may take pictures and or videos of participants at our programs, activities or special events. Please be aware that the picture and or video may appear in future promotional materials, including our brochures and web site.

PROGRAM: 2017 Moonlight Madness Bed Race

CHILDS NAME: _____ MALE OR FEMALE (CIRCLE)

AGE: _____ GRADE _____ SCHOOL _____ DATE OF BIRTH _____

TELE. #(S) HOME: _____ WORK _____ CELL # _____

MAILING ADDRESS: _____ TOWN _____ ZIP _____

STREET ADDRESS: (IF DIFFERENT FROM MAILING): _____

TOWN _____ ZIP _____ E-MAIL ADDRESS: _____

I (WE) give permission for emergency medical treatment TO BE GIVEN TO OUR CHILD, INCASE I (WE) cannot be reached BY PHONE.

EMERGENCY CONTACT PERSON (S) & PHONE

1. _____ 2. _____

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, PHYSICAL LIMITATIONS/RESTRICTIONS YOUR CHILD MAY HAVE:

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) _____

SIGNATURE OF PARENT/GUARDIAN: _____

TODAYS DATE: _____