



**THIRD ANNUAL
FLAGLER FUN COAST BED RACE**
October 8, 2011
Parade @ 3:00 PM, Race @ 4:00 PM

Team Member Registration Form

Bed Team Name: _____

Team Captain: _____

Team Member:

Name: _____

Email: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Waiver of Liability:

I realize that the Flagler Fun Coast Bed Races require physical conditioning and I represent that I am in good medical condition. I understand that bed racing can be a hazardous activity that has dangers and risks, including risk of injury. I agree to release the sponsors and promoters of the race, including the City of Flagler Beach, Flagler Volunteer Services, Kiwanis Club of Flagler County, Rotary Club of Flagler Beach or other sponsors or affiliated organizations and their respective agents, directors, officers, employees, and volunteers from any and all responsibility or liability for injuries or damages which result, either directly or indirectly, from my participation in the race.

Indemnity and Release for All Media

For sufficient consideration and the right to appear, I agree to protect and indemnify the Flagler Fun Coast Bed Race, its officers, members and volunteers, and advertising agency, and their respective officers and employees, and to hold it and them harmless from and against all liability, loss, damages, expenses, judgments, counsel fees, costs and other charges against it or them or for which it or they shall become liable by virtue of or arising out of or caused by any matter or materials supplied or spoken by me in the telecast of the Flagler Fun Coast Bed Race. I hereby give my permission for the Flagler Fun Coast Bed Race to use my picture and/or name in any publicity deemed necessary for the promotion of this event at no compensation.

I am aware that this is a release of liability and I am signing it freely and of my own accord. I have carefully read this release of liability and fully understand and agree to its content.

Signature: _____ Date: _____

NOTE: If participant is UNDER THE AGE OF 18 YEARS this document must be signed by a parent or guardian. Dated the ____ day of _____, 2011

I have read this Liability, Disclaimer, Waiver, Release and Indemnity From and agree that it applies to:

Name of Participant: _____

Parent /Guardian Signature: _____

All team members must report together to the registration table prior to 2:45pm on the day of the event.

Once registered, there will not be any changes made in team members.