



Sylvan Lake & District Lions Club

2021 BED RACES

REGISTRATION FORM

TEAM NAME _____

CAPTAIN'S NAME _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

SEE REVERSE PAGE FOR REGISTRANTS UNDER 18 YEARS OF AGE

RELEASE AND WAIVER OF LIABILITY

I hereby release the sponsors, Sylvan Lake & District Lions Club, Aspire Special Needs Resource Centre, Town of Sylvan Lake and any other person officially connected with this competition from all liability for any injury or damages whatsoever arising from my participation in the event. I hereby give my permission for the Sylvan Lake & District Lions Club Family Picnic & Fall Fest Committee to use my picture and/or videotaped image in any publicity deemed necessary for the promotion of this event at no compensation. I hereby acknowledge that I have read and understand the Bed Race Rules and Regulations and agree to abide by them.

Captain _____
(print name) (signature) (date)

Member _____
(print name) (signature) (date)

Member _____
(print name) (signature) (date)

Member _____
(print name) (signature) (date)

Member _____
(print name) (signature) (date)