



Rolling Slumber Bed Races General Info

Team or Group Name: _____

Contact Person: _____

Phone#1: _____

Phone#2: _____

Email: _____

ROLLING SLUMBER BED RACE WAIVER OF LIABILITY

This form must be signed by all team participants and returned to Bed Race Officials at the BDA office by November 4th.

In consideration of the acceptance of my application/entry form for the Brunswick Downtown Association Rolling Slumber Bed Race, I hereby release all associated groups, and any person officially or unofficially connected with this competition, from all liability for any injuries or damages whatsoever arising from this event.

(Please circle the name of the Contact Person for your Team)

Participant #1 Name: _____ Date _____

Participant #2 Name: _____ Date _____

Participant #3 Name: _____ Date _____

Participant #4 Name: _____ Date _____

Participant #5 Name: _____ Date _____

Costs:

- Entry Fee: \$35 per team
- Returning teams: \$25 per team
- Early registration discount of \$10 if received at the BDA office by October 31th
- **All monies and registration forms must be submitted to the BDA office by November 4^h**