

**BAR HARBOR CHAMBER OF COMMERCE 2011 BED RACES  
REGISTRATION FORM AND WAIVER OF LIABILITY**

**Registration Information**

Name of your Team/Bed: \_\_\_\_\_

Team Captain/Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Members:

1. \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

2. \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

3. \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

4. \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

5. \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

The entry fee to participate in the bed races is \$25. Make checks payable to "Bar Harbor Chamber of Commerce." Upon receipt of your Registration Form, Waiver of Liability and Entry Fee you will receive a coupon worth 10% off the cost of supplies at either Bar Harbor Trustworthy, EBS Town Hill, or Paradis True Value.

I acknowledge that I have read the rules and guidelines and agree that my team will adhere to all the rules and guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Registration Form, Entry Fee and signed Waiver of Liability no later than Monday, November 7, 2011 to:**

**Bar Harbor Chamber of Commerce  
Attn: Bed Races  
PO Box 158  
Bar Harbor, ME 04609**

**Or fax to 667-9080.**

**BAR HARBOR CHAMBER OF COMMERCE BED RACE WAIVER OF LIABILITY**

**THIS MUST BE SIGNED BY ALL THOSE PARTICIPATING IN THE EVENT.**

In consideration of the acceptance of our registration form for the Bar Harbor Chamber of Commerce, we hereby release the Bar Harbor Chamber of Commerce and the Town of Bar Harbor, as well as any person or organization officially or unofficially connected with this competition, from all liability for any injuries or damages whatsoever arising from this competition event.

Participant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Participant 2: \_\_\_\_\_ Date: \_\_\_\_\_

Participant 3: \_\_\_\_\_ Date: \_\_\_\_\_

Participant 4: \_\_\_\_\_ Date: \_\_\_\_\_

Participant 5: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN WAIVER – RELEASE FROM LIABILITY**

If the participant is under 18 years of age, a parent or guardian must sign below:

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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