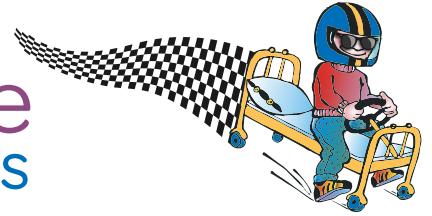


SATURDAY,
OCTOBER 12, 2024
600 SE FLAGLER AVE.
STUART, FL

5TH ANNUAL
Family Promise
of Martin County **Bed Races**



VOLUNTEER FORM

**Please print clearly!*

Name: _____

Parent/Guardian Name (if under age 18): _____

Contact Information:

Phone: home _____ cell _____

Email Address: _____

T-shirt size: _____

Availability:

We will need volunteers on October 12th from 7 am until 2 pm.

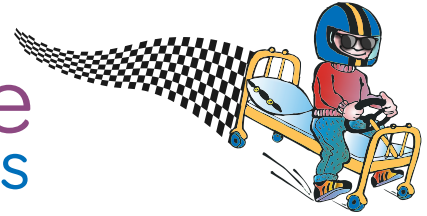
I am available from _____ until _____.

Yes, I am interested in learning more about
Family Promise and volunteering at future events!

Thank you!

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WAIVER AND RELEASE FORMS

**Please print clearly!*

Page 1 of 2

1. Applicants age 18 and over, complete Part A only.
2. Applicants age 10 - 17 must have parent(s) or guardian(s) complete Parts A and B.
3. All Applicants/Racers must complete this form and bring proof of identification on raceday.

PART A: WAIVER & RELEASE FROM LIABILITY FORM

In consideration of the undersigned applicant racer ("Applicant") being permitted to enter into areas of the bed race course, to which the general public is prohibited from entering (the "Restricted Area"), for the sole purpose of competing, observing, or participating in the bed racing event ("Event"), such Applicant, for themselves, their personal representatives, heirs, and assigns, hereby releases, waives, discharges and covenants not to sue the Family Promise of Martin County, any of their respective agents, members, employees, representatives and officers, the promoters and sponsors of the Event, other participants, operators, and all of their assigns, and respective heirs (collectively "Event Indemnitees") for any damage, demands, suits, causes of action, or claims of every kind and character caused by, arising out of or relating to any injury to, or death of, or claim by, Applicant, whether caused by the negligence of the Event Indemnitees or otherwise while Applicant is in, upon or near the Restricted Area, and/or while competing, observing, or participating in the Event, and Applicant expressly assumes the risk of, injury, loss or damage, including death, from any and all known and unknown causes while competing, observing, or participating in the Event.

Applicant acknowledges, understands, and assumes all risks inherent in participation in the Event and assumes all risks of injury and damage while competing, observing, or participating in the Event and agrees not to look to the Event Indemnitees for warning of any concealed or non-concealed dangers or hazardous conditions in connection with such Event.

EACH APPLICANT has read and voluntarily signs this waiver and release form, and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made or relied upon.

DATE: _____

SIGNED BY: _____

PRINTED NAME: _____

MAILING ADDRESS: _____

PHONE: _____

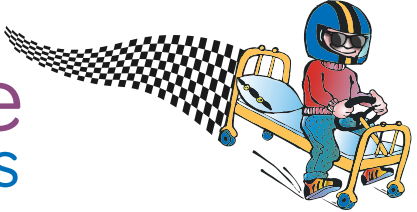
If signing on behalf of minor:

NAME OF MINOR: _____

RELATIONSHIP TO MINOR: _____

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WAIVER AND RELEASE FORMS

**Please print clearly!
Page 2 of 2*

PART B: PARENT/GUARDIAN WAIVER - RELEASE FROM LIABILITY

If the Applicant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above Part A, the following waiver:

The undersigned referred to as the parent(s) and natural guardian(s) or legal guardian(s) of the Applicant, does hereby represent that he/she (they) is (are) in fact acting in such a capacity and agrees to save and hold harmless and indemnify each and all of the Event Indemnitees from all liability, loss, cost, claim, or damage whatsoever may be imposed upon the Event Indemnitees because of any defect in or lack of such capacity to so act and release the Event Indemnitees on behalf of both of the undersigned.

NAME: _____ RELATIONSHIP TO MINOR: _____

SIGNATURE: _____ DATE: _____

NAME: _____ RELATIONSHIP TO MINOR: _____

SIGNATURE: _____ DATE: _____

2024 BED RACE PERMISSION TO PHOTOGRAPH

I, _____, give permission to be photographed, filmed, and/or videotaped during the Family Promise of Martin County Bed Races. I understand that the photos, films, and/or videotapes will be used by the broadcast, display, website, and/or publication of Family Promise of Martin County or its representative to promote its program and services; and in no way will be done in such a way as to exploit any individual.

I have read and I understand the above information.

Adult Participant's Signature _____ Date _____

If participant is under the age of 18:

I give permission for my child(ren) listed below to be photographed or videotaped during the event.

Parent or Guardian Signature _____ Date _____

Name(s) of child(ren): _____ / _____ / _____