

**Sedalia Lions Club
Pub Crawl Bed Race Registration Form**

Team Name: _____

Captain's Name: _____

Mailing Address: _____

Cell Phone: _____

Email Address: _____

Release and Waiver of Liability

I hereby release the sponsors, the Sedalia Lions Club, 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 Sedalia Lions Club to use my picture and/or videotaped image and/or name in any publicity deemed necessary for the promotion of this event at no compensation.

I hereby acknowledge I have read and understand the Bed Race Rules and Regulations and agree to abide by them.

All Race participants must be 21 years or older.

Captain (Print Name): _____

(Signature): _____ (Date of Birth): _____

Member (Print Name): _____

(Signature): _____ (Date of Birth): _____

Member (Print Name): _____

(Signature): _____ (Date of Birth): _____

Member (Print Name): _____

(Signature): _____ (Date of Birth): _____

Member (Print Name): _____

(Signature): _____ (Date of Birth): _____