



Family Promise of Martin County

Bed Races

Waiver and Release

October 23, 2021

8:30 am to 2:00 pm

1. Applicants age 18 and over, complete Part A only.
2. Applicants age 12 - 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 race day.

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, the Hobe Sound Women's Club, Chamber of Commerce or the Hometown Festival, 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 Indemnites") for any damage, demands, suits, causes of action, or claims of every kind and character caused by, arising out of or relating to any sickness, injury to, or death of, or claim by Applicant, whether caused by the negligence of the Event Indemnites 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.

I also certify that I do not have any of the following COVID-19 symptoms as outlined by the Center for Disease Control: shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, loss of taste or smell. If I develop any of the aforementioned symptoms before or during the event, I will remove myself from the event and do my best to find a replacement for the Bed Races. I certify that neither I nor any member of my immediate family have been advised by health officials to self-quarantine.

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 Indemnites for warning of any concealed or non-concealed danger or hazardous conditions in connection with such Event.

(signatures on next page)



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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: _____

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 Indemnites from all liability, loss, cost, claim, or damage whatsoever may be imposed upon the Event Indemnites because of any defect in or lack of such capacity to so act and release the Event Indemnites on behalf of both of the undersigned.

NAME(S): _____ RELATIONSHIP TO MINOR(S): _____

SIGNATURE: _____ DATE: _____

2021 BED RACE PERMISSION TO PHOTOGRAPH

I, _____, give permission for myself, my teammates and my guests 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 the Hobe Sound Hometown Festival and 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): _____

