

Saturday, October 12, 2024 8AM—1PM 600 SE Flagler Ave. Stuart, FL

Do you know...There are 669 children in our Martin County School System registered as *homeless* or residing in unstable living conditions?

Family Promise of Martin County is doing everything we can to lower that staggering number.

Family Promise of Martin County is part of a national organization with a proven model—we utilize an interfaith network and communitybased approach—to prevent childhood homelessness. We are the only local organization focused on **keeping families together** through intensive case management and mentorship.

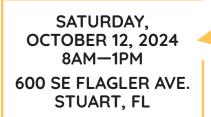
The **Annual Bed Race** is our *largest fundraising event of the year.* It exemplifies the hardship experienced by homeless families, who often face *uncertainty of having a bed to sleep in* each night. It's important that we continue to raise awareness and funds to *help these families* find a sense of **stability and security**.

Let's **come together** again this year for the families that are struggling the most in our *very own community.*

Thank you for your interest in participating in the **5th Annual Family Promise of Martin County Bed Races!** We are thrilled and humbled by the support of our community and we look forward to hosting an **entertaining** event for the whole family!



Enclosed you will find information on various opportunities for you and your team to be involved.







RACING DETAILS

Five people per team. Ages 10 and up.



Entry Fee: \$150 per team (includes event T-shirt for each participant and Crew Bag!)

Deadline to enter is Friday, October 4, 2023. Space is limited!

PRESENTING AWARDS FOR FASTEST BED

BEST OVERALL THEME

BEST CONSTRUCTION AND DESIGN

PEOPLE'S CHOICE

FAMILY PROMISE CHOICE

Highest Fundraising Merit Award

(see Fundraising Packet)

BED RACE SCHEDULE

8:00 - 9:00 am Bed Race Dropoff and Race Registration

9:00 — 10:00 am Bed Judging



10:00 — Parade of Beds and Races Begin

1:00pm — Awards Ceremony



TEAM RULES

- 1. Five (5) people per team. Substitutions may be allowed at the discretion of judges due to medical issues.
- 2. Beds must at least twin mattress size and be constructed in a fashion that all pushers are able to see the course in front of the bed.
- 3. One member (at least 100 lbs.) must be riding on the bed for the entire race.
- 4. All racers must be at least 10 years of age.
- 5. All four pushers must be in contact with the bed when crossing the finish line to qualify.
- 6. Use of helmets, kneepads and athletic shoes is encouraged.
- 7. Shoes required.
- 8. All bed costs are borne by the entrants. This includes the entry fee.
- 9. Failure to report for bed inspection by 9:00am will mean <u>disqualification</u> and forfeiture of entry fee.
- 10. Every team member MUST sign a race waiver.

RACE DAY INFORMATION

- 1. Race Track: 600 SE Flagler Ave Stuart Fl 34994 (next to Sailfish Ball Park, same road as the Stuart Water Tower)
- 2. Bed Drop-off and Pickup is located in the parking lot nearest the Ball Park.
- 3. All races will be run in Heats of 2 beds each. All teams will run in a minimum of 2 heats. Heats will be chosen prior to race.
- 4. Lane assignments will be determined prior to the race at random.
- 5. Each race team will stay in their lane throughout the race. Interference with another team may result in a five second penalty.
- 6. The two (2) fastest teams will race for 1st and 2nd place. The fastest time from the final will become the overall winner.



BED CONSTRUCTION GUIDELINES

- Bed must not be higher than 8 feet. For safety reasons, we encourage sturdy frames.
- 2. Beds must be twin size or larger and include a box spring, mattress or both. *No air mattresses.*
- Push bars (handles) are allowed, but may not extend more than 16 inches away from the bed frame. They must be designed for safety with no sharp or jagged edges allowed.
- Beds must have four wheels. All four wheels must have contact on the ground at the finish line. All wheels must be load-bearing and functional but do not have to be the same size.
- Steering mechanisms may be used. No bed may have motorized or mechanical means of motion. All means of motion shall be limited to race team members.

Questions related to bed construction may be emailed to: <u>CFisher@MCFamilyPromise.org</u> EXAMPLES











TEAM ENTRY FORM

*Please print clearly!

Team Name:	Team Captain: _	
Adult Sponsor: (for youth teams)		
Contact Information: (check one)	Sponsor	Team Captain
Team Captain will be rece	ive additional informat	ion via email.
Phone: home	cell	
Email Address:		
Mailing Address:		
Team Members: 1	T-Shirt Size:	
2		
3		
4		
5		

Pay Entry Fee (\$150) at <u>MCFamilyPromise.org/bed-race</u> E-Mail Entry Form by Friday Oct 4th to: <u>CFisher@MCFamilyPromise.org</u>



VOL	UNT	EER	FORM
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*Please print clearly!

Thank you!



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:



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.

event.

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

Parent or Guardian Signature	Date
C -	

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