



# SPRING BUMP&RUN REGISTRATION FORM

3:30P SATURDAY, MAY 18, 2024

REGISTRATION (AT THE GATE): \$50

>>REGISTRATION BEGINS AT 10A <<

>>PIT GATE CLOSSES PROMPTLY AT 2:00P <<

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CAR #: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_  
SPONSORS (IF APPLICABLE): \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

## ACCIDENT WAIVER, RELEASE OF LIABILITY & INDEMNITY/HOLD HARMLESS AGREEMENT

I ACKNOWLEDGE THAT THIS EVENT IS AN EXTREME TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY AND PROPERTY LOSS. THE RISKS INCLUDED BUT ARE NOT LIMITED TO, THOSE CAUSED BY THE TERRAIN, FACILITIES, TEMPERATURE, WEATHER, CONDITION OF THE PARTICIPANT'S EQUIPMENT, VEHICULAR TRAFFIC, ACTIONS OF OTHER PEOPLE INCLUDING BUT NOT LIMITED TO PIT CREW, DRIVERS, VOLUNTEERS, SPECTATORS, COACHES, EVENT OFFICIALS, AND EVENT MONITORS, AND/OR PRODUCERS OF THE EVENT AND LACK OF HYDRATION. IF APPLICABLE, HAZARDS MAY BE CAUSED BY WATER CURRENTS OR WATERS AND OTHER WATER RELATED HAZARDS. I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN THIS EVENT.

I VERIFY THAT I AM PHYSICALLY FIT, HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS EVENT, AND HAVE NOT BEEN ADVISED OTHERWISE BY A QUALIFIED MEDICAL PERSON.

I ACKNOWLEDGE THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM WILL BE USED BY CHEBOYGAN COUNTY - CHEBOYGAN COUNTY FAIR AND THEIR EVENT HOLDERS, SPONSORS, AND ORGANIZERS AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT SAID EVENTS.

IN CONSIDERATION OF MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT, I HEREBY TAKE ACTION FOR MYSELF, MY EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS, AND ASSIGNS TO (A) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL LIABILITY FOR MY DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT, OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER ACCRUE TO ME, INCLUDING AS TO MY TRAVELING TO AND FROM THIS EVENT, THE FOLLOWING ENTITIES OR PERSONS: CHEBOYGAN COUNTY -- CHEBOYGAN COUNTY FAIR, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND VOLUNTEERS, AND REPRESENTATIVES AND AGENTS, AND OTHERS WORKING OR ACTING IN BEHALF OF THE MEMBER, AND TO THE EXTENT PERMITTED BY LAW (B) INDEMNIFY AND HOLD HARMLESS THE ENTITIES OR PERSONS MENTIONED IN THIS PARAGRAPH FROM ANY AND ALL LIABILITIES OR CLAIMS MADE BY OTHER INDIVIDUALS OR ENTITIES AS A RESULT OF OR RELATING TO MY ATTENDANCE AT OR PARTICIPATION IN THIS EVENT.

I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENT, WHICH MAY BE DEEMED APPROPRIATE IN THE EVENT OF INJURY, ACCIDENT AND/OR ILLNESS DURING THIS EVENT.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND AND AGREE TO ITS CONTENTS.

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

ADDITIONAL PIT CREW (\$20 ENTRY FEE TO PIT APPLIES)

**\*\*NO ONE UNDER 18 YEARS OF AGE IS ALLOWED IN THE PIT AREA AT ANY TIME\*\***