

# **The Great Skowhegan Bed Race**

The Skowhegan Parks & Recreation Dept. invites you to get "Ready to Roll!"

## **Registration Form**

**Thursday, August 1, 7:00pm**

Team Name

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Team Contact Name & Phone Number

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Team Members

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I have read and understand all rules and have informed all team members of the rules.  
All team members have signed a release form.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete forms & return to:**

**Skowhegan Parks & Recreation Department**

**225 Water St. (Mailing)**

**39 Poulin Dr (Location)**

**Skowhegan, ME 04976**

**Tele:(207) 474-6901 Fax:(207) 474-6913**

**Email: skowrec1@skowhegan.org**

**Website: www.skowhegan.org**

## **2013 The Great Skowhegan Bed Race Rules & Information**

1. If you are entering more than one team, please use another form.
2. Beds will be provided for all teams.
3. Forms must be completed and returned to the Skowhegan Parks & Recreation Department to participate in the race.
4. Teams must consist of 5 people. A substitute may be used in the event of an injury
5. All team participants must fill out waivers before participating, which are available at the Skowhegan Community Center and online at [www.skowhegan.org](http://www.skowhegan.org) (recreation site-printable forms)
6. All participants must be over the age of 14. Any participants under the age of 18 must have a waiver signed by their parents before the race begins in order to participate.
7. Teams must be suitable dressed. The rider must wear a helmet.
8. Race competitors must obey instructions & rules from race coordinators and police.
9. 4 team members will push and 1 team member, with a helmet on, will be a passenger on the bed.
10. Teams must stay in their assigned lanes.
11. If passenger falls off the bed, the bed must come to a complete stop until passenger is on the bed. Passenger cannot help push.
12. Teams will push the bed past the 1/2 way line and change passengers on the bed. The bed may not move back across the line until the passenger has a helmet on.
13. Infringements of these rules may result in disqualification.
14. All decisions of the race coordinators are final.
15. The official Moonlight Madness Bed Race Trophy will be presented to the fastest team and will have bragging rights until next years bed race.

# **ADULT RELEASE FORM**

I consent and assent to participation in the athletic ventures, games and sports events sponsored by the Skowhegan Parks and Recreation Department and/or the Skowhegan Sports Boosters Club, Inc., and by this assent and consent do hereby assume all responsibility for any injuries and damages related thereto that I may receive or sustain as a result of incident to the participation therein or any related activity thereof and as further consideration of permitting said participant to engage in said ventures, games and sports events and activities related thereto the undersigned, jointly and severally agree to indemnify, protect and save harmless the Skowhegan Parks and Recreation Department and the Skowhegan Sports Boosters Club, Inc., and their Officers, Directors, Agents, Servants, and Employees from all judgments, costs and expenses whatsoever arising on account of any action, claim or demand by said participant or by any person acting for or on behalf of said participant in respect of any claimed injuries or damages.

*Photographs/Videos:* The Department of Parks & Recreation may take pictures and or videos of participants at our programs, activities or special events. Please be aware that the picture and or video may appear in future promotional materials, including our brochures and web site.

PLEASE PRINT

Date: August 1, 2013

Program(s): Moonlight Madness Bed Race

Name: \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Number/Person: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN ASSENT & RELEASE**  
**Skowhegan Parks and Recreation Department**  
**Youth Release Form**

The undersigned being the parent or guardian of (child's name), a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Skowhegan Parks and Recreation Department and/or the Skowhegan Sports Boosters, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Skowhegan Parks and Recreation Department, the Skowhegan Sports Boosters, their officers, directors, agents, servants, and employees from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. *Photographs/Videos: The Department of Parks & Recreation may take pictures and or videos of participants at our programs, activities or special events. Please be aware that the picture and or video may appear in future promotional materials, including our brochures and web site.*

PROGRAM: 2013 Moonlight Madness Bed Race

CHILDS NAME: \_\_\_\_\_ MALE OR FEMALE (CIRCLE)

AGE: \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELE. #(S) HOME: \_\_\_\_\_ WORK \_\_\_\_\_ CELL # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS: (IF DIFFERENT FROM MAILING): \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**I (WE) give permission for emergency medical treatment TO BE GIVEN TO OUR CHILD, INCASE I (WE) cannot be reached BY PHONE.**

EMERGENCY CONTACT PERSON (S) & PHONE

1. \_\_\_\_\_ 2. \_\_\_\_\_

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, PHYSICAL LIMITATIONS/RESTRICTIONS YOUR CHILD MAY HAVE:

\_\_\_\_\_

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_