

Crazy Days Bed Races

July 30, 2022, 9:00 am

Team Registration Form

Mail Registration Form and \$50.00 (Cash or Check) Entry Fee to:

Belle Fourche Chamber of Commerce
PO Box 905
Belle Fourche, SD 57717

Or drop it off at the office:

509 Grant Street
Belle Fourche, SD 57717

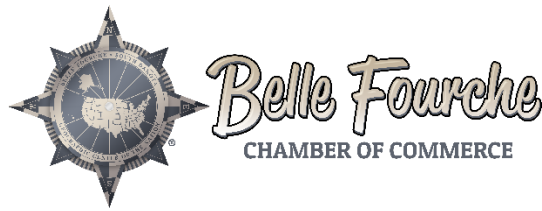
Team Name _____

Team Captain Name: _____

Mailing Address: _____

Contact Name, Phone# and Email _____

****All members are required to sign the Release of Waiver of Liability. If team member is under the age of 18, a parent or guardian must sign the release for them.**



Belle Fourche Chamber of Commerce

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Release Waiver of Liability

I hereby release the sponsors, Belle Fourche Chamber of Commerce and any other person officially connected with this competition from all liability for any injury and damages whatsoever arising from my participation in this event. I hereby give my permission for Belle Fourche Chamber of Commerce to use my picture and/or videotape image and /or name in any publicity deemed necessary for the promotion of the event with no compensation. I hereby acknowledge that I have read and understand the Bed Race Rules and Regulations and agree to abide by them.

Captain: _____	_____
Print	Signature
Member: _____	_____
Print	Signature
Member: _____	_____
Print	Signature
Member: _____	_____
Print	Signature
Member: _____	_____
Print	Signature
Alternate: _____	_____
Print	Signature