## 87th ANNUAL HORNED TOAD DERBY BED RACE APPLICATION

Date: Saturday May 25<sup>th</sup> 2024 Race Start Time: 9:15am
Location: Starting Line of 1<sup>st</sup> Race Will Be At Intersection of 3<sup>rd</sup> St. & Elm St.
\*\* ALL BEDS MUST BE ON-SITE FOR JUDGES INSPECTION AT 8am \*\*

## Bed Race Participation Indemnification Agreement

Each individual signing this form agrees that their entry is for voluntary participation in a free event titled "Bed Races" taking place on Saturday May 25<sup>th</sup> 2024 prior to the beginning of the 87<sup>th</sup> Annual Horned Toad Derby Parade in Coalinga Ca.

By signing this form you release the The Coalinga Area Chamber of Commerce, The City of Coalinga and any other entities associated with this event from any and all injuries which may occur during any activity associated with the above mentioned event including traveling too and from said event.

Participants agree that their entry will be free of objects which could cause injury to another person or property and acknowledge that this is a family friendly event with children present

## Deadline for Entry Application is 5:00pm Monday May 13th 2024

# Please Legibly Print All Information: Name of Team: \_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Introduction Information (Team Name, Bed Specs, Racers, Sponsors, etc): \_\_\_\_\_ Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

This Application is Attached to the Bed Guidelines and Requirements. All entries must comply with all aspects listed. Failure to comply will result in team disqualification. This includes racer safety requirements listed. Each and every participant in the race must sign and date the back of this form. No Substitutions permitted unless prior written notice is given.

Please Return To Chamber Office @ 265 W. Elm Street.
Any questions please contact Scott @ (559) 961-6520

For Use By Parade Marshall



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### **Please Legibly Print All Information:**

**JUDGES SIGNATURE:** 

1 <sup>st</sup> Runner Signature: _	Date: _	
1 <sup>st</sup> Runner Printed:	Contact #	
2 <sup>nd</sup> Runner Signature: _	Date: _	
2 <sup>nd</sup> Runner Printed:	Contact #	
3 <sup>rd</sup> Runner Signature: _	Date: _	
3 <sup>rd</sup> Runner Printed:	Contact #	
4 <sup>th</sup> Runner Signature: _	Date: _	
4 <sup>th</sup> Runner Printed:	Contact #	
5 <sup>th</sup> Runner Signature: _	Date: _	
5 <sup>th</sup> Runner Printed:	Contact #	
INSPECTION JUDGE - BED MEETS ALL REQUIRED SPECIFICATIONS: YES NO RACERS MEET ALL SAFETY REQUIREMENTS: YES NO		