

CornFest Annual Bed Race Application

Sat., Sept. 23, 2017....1 p.m....Kiwanis Park downtown Union City

Team Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please print each participant's name and sign below. Guardian or parent's must sign if under 18.

I warrant that I am physically fit to participant in this event and have done proper training. In consideration of my entry, I, intending to legally bound for myself, my heirs, executors and administrators, waive and discharge any rights and claims against the Union City CornFest Committee, the Town of Union City, the Race Committee and/or any other individual or groups involved with the running of this event for any or all injuries suffered by me at this event or while traveling to and from the event.

	Print Name	Signature	Date
Rider	_____	_____	_____
Pusher #1	_____	_____	_____
Pusher #2	_____	_____	_____
Pusher #3	_____	_____	_____
Pusher #4	_____	_____	_____

Please make your \$10 check payable to CornFest and mail with completed form to:

Glenda Chrisp...P.O. Box 381...Union City, TN 38281 731-431-8132