

Tremont Turkey Festival Bed Race

June 13, 2015, 1 p.m.

Team Name: _____

Contact Person

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____

Each participant, please print name and sign below:
(Guardian or parent must sign if participant is under 18)

I warrant that I am physically fit enough to participate in this event and have done proper training. In consideration of my entry, I, intending to be legally bound for myself, my heirs, executors and administrators, waive and discharge any rights and claims against the Tremont Turkey Festival Committee, the Town of Tremont, 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.

	PRINTED NAME	SIGNATURE	DATE
Rider:	_____	_____	_____
Pusher #1:	_____	_____	_____
Pusher #2:	_____	_____	_____
Pusher #3:	_____	_____	_____
Pusher #4:	_____	_____	_____

Please mail this completed form with your \$10 check made payable to **Tremont Turkey Festival Committee** to:

Jeff Leber
24857 Emanuel Lane
Tremont, IL 61568

Entries must be received by June 8, 2015