## **Bed Race Team Registration**



ST. PATRICK'S DAY CELEBRATION

March 16, 2024

11:30 a.m.



Meet at Beds (between Heppner Market Fresh Foods & Senior Center)

## Main Street from Shamrock to Shamrock

- ❖ Please supply the name of the team captain and a cell phone number for use the day of the event.
- ❖ Please contact the Chamber office at 541-676-5536 if you have any questions.
- Teams consist of 4 participants; (minimum of 3); 3 pushing and 1 riding (no one under 16)
- ❖ Teams will start at the Shamrock and race to the end crosswalk in front of Les Schwab and back. The event will be "timed" and beds will be furnished.
- ❖ All teams must report to the shamrock by 11:00 a.m. to get assigned relay schedule.
- ❖ All team members must cross the finish line for the time to stop.
- ❖ It is strongly suggested that the participants where a helmet, knee pads, shoulder pads or any other protective gear. The rider must always remain on the bed in a laying down position.
- ❖ All teams must conduct themselves appropriately and no abusive language or gestures will be tolerated.
- ❖ All teams are encouraged to dress up and the teams dressed up will be judged with 1<sup>st</sup> and 2<sup>nd</sup> placed receiving prizes.
- ❖ Winners will be announced during the parade at 1:00PM and 1<sup>st</sup> and 2<sup>nd</sup> place will be awarded prizes, and participation prizes for all teams.

Please turn in registration forms to the Chamber Office by March 10<sup>th</sup>, 2023 Registration available day of event (pick up form at the Information Booth)

There is no charge to participate in this event

	Team Name:			
	Team Members:			
1				
2				
3				
4	Team Captain:			
	Cell Phone #:			

## **Bed Race Team Relay - Waiver Release Form**

## St. Patrick's Celebration – Saturday, March 16<sup>th</sup>

\*Signature of parent is required if participant is under 18 years of age

As with any active sport, I acknowledge that participating in the **Bed Race Team Relay** has potential hazards. I accept full responsibility for any damage or harm to myself, while participating in this event. I release and discharge any claim for damage against any and all sponsors and individuals assisting with this event. I acknowledge and assume all risks associated with participation for myself.

*Signature:	Date:	
Printed Name:		
I accept full responsibility for ar discharge any claim for damag	nowledge that participating in the <b>Bed Race Team Relay</b> has poten by damage or harm to myself, while participating in this event. I reloce against any and all sponsors and individuals assisting with this events sks associated with participation for myself.	ease and
*Signature:	Date:	
Printed Name:		
I accept full responsibility for ar discharge any claim for damag	nowledge that participating in the <b>Bed Race Team Relay</b> has poten by damage or harm to myself, while participating in this event. I rele e against any and all sponsors and individuals assisting with this events sks associated with participation for myself.	ease and
*Signature:	Date:	
Printed Name:		
I accept full responsibility for ar discharge any claim for damag	nowledge that participating in the <b>Bed Race Team Relay</b> has poten my damage or harm to myself, while participating in this event. I rele e against any and all sponsors and individuals assisting with this events takes associated with participation for myself.	ease and
*Signature:	Date:	
Printed Name:		