

Sulphur Springs Festival Bed-Toilet-Tub Races
Saturday June 6, 2009

Clifton Springs NY 14432 Contact Number: (315) 462 1459

Rules & Regulations for Bed Races on Saturday June 6, 2009:

1. All beds (vehicle) must be able to function with a 5-member team consisting of one rider and four runners to push or pull the vehicle.
2. Vehicles must be on some type of safe four-wheeled platform or self supported with wheels. There are no limitations on wheel size or construction material for vehicles. However, **Vehicles must be safe for riders, team members and spectators.**
3. Team members must be at least 16 years of age.
4. Race entry forms must be completed and **submitted by May 25, 2009** according to the instructions on the entry form.
5. Trophies will be awarded for the fastest, funniest and most unique entry.

Entry Forms:

Entry forms are downloadable from the Sulphur Springs Website sulphurspringsfestival.com or through the Hospital's community relations department and **must be returned by May 25, 2009 to Community Relations, Clifton Springs Hospital, 2 Coulter Rd. Clifton Springs, NY 14432.**

The Race:

Based on the number of entries there will be separate heats. The races will be timed with challenges for each team to complete during each race. If there are sufficient entries there will be race offs among the participants. **Teams should report on Saturday June 6, 2009 by 3:30 p.m.** with vehicles and team members to the race **staging area** that is located at the **intersection of Crane Street and Main Street. Races will commence at approximately 4:00 p.m.** starting from Crane Street then proceeding along Main Street to Spring Street. Please direct any questions to the Community Relations Office of Clifton Springs Hospital & Clinic (315) 462 1459. **The Parade will follow the bed races at 6:00 p.m. along Main Street. All bed race teams are invited to be in the Parade with their beds.**

Sulphur Springs Festival
Bed Race Entry Form
Saturday June 6, 2009
4:00 p.m. (staging at 3:30 p.m.)
Clifton Springs New York 14432

Company/Organization Name: _____
(If Applicable)

Team Name: _____

Name Team Contact Person: _____

Contact Person Telephone Number: _____

Contact Person e-mail if available: _____

Names of Team Members and Contact Number:

1. _____ # _____

2. _____ # _____

3. _____ # _____

4. _____ # _____

5. _____ # _____

NOTE: NO ARTIFICIAL POWER PERMITTED AND MINIMUM AGE TO PARTICIPATE IS 16.

**Bed Race Team Waiver
June 6, 2009**

All team members as well as any team sponsors must sign below accepting waiver of liability:

The sponsor and team members whose names appear below agree to protect, indemnify, defend and hold harmless the event holders namely the Sulphur Springs Festival, Committee, Village of Clifton Springs and Clifton Springs Hospital (without any condition or obligation) for all claims, demands, suits, liabilities, damages, injuries, judgments, losses and expenses including without limitation, attorneys fees, that must be asserted against or incurred by event holders by or due to any person not a party to this agreement, including teams insurance company, for any expense, loss or damage including without limitation, statutory civil damages, personal injury, death or property damage, real or personal, arising out of or from, in connection with, as a result of, related to or as a consequence of any aspect of the race, including preparation, participation, or culmination of said race. The participants fully understand that the devices that they will be using are not designed to be used in public streets, and that there are many inherent liabilities in the participation of such an event. The participants accept this liability willingly and agree to participate in a safe manner with respect to all other participants, officials and spectators.

Team Members:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Sponsor Representative If Applicable:

Printed Name _____ Signature _____ Date _____