

Sulphur Springs Festival “Clifton Challenge”

Saturday June 5, 2010

Clifton Springs NY 14432 Contact Number: (315) 462 0140

There will be some fun activities for each team member to perform on a timed basis. No athletic ability or equipment is required thus encouraging more participation.

Rules & Regulations for Team Challenges on Saturday June 5, 2010:

1. Teams will consist of 5 members.
3. Team members must be at least 14 years of age.
4. Team entry forms must be completed and **submitted by May 25, 2010 to Clifton Springs Hospital Community Relations office** according to the instructions on the entry form.
5. Trophies will be awarded for 1st, 2nd and 3rd place as well as to the team with the most spirit/unique appearance.

Entry Forms:

Entry forms are downloadable from the Sulphur Springs Website www.sulphurspringsfestival.com or through the Hospital's Community Relations department and **must be returned by May 25, 2010 to Community Relations, Clifton Springs Hospital, 2 Coulter Rd. Clifton Springs, NY 14432.**

The Clifton Challenge:

The number of entries submitted will determine the number of heats. Each member of a team will have a task to complete and the team as a group will be timed to determine first, second and third place. Challenge instructions will be provided at the event with a description of each activity. **Teams should report on Saturday June 5, 2010 by 3:30 p.m. to the staging area** that is located at the **intersection of Crane Street and Main Street. The actual event will commence at approximately 4:00 p.m.** with team members performing a series of activities along Main Street between Crane and Spring Streets. Please direct any questions to the Community Relations Office of Clifton Springs Hospital & Clinic (315) 462 0140.

All teams are invited to walk in the Parade that will start at 6:00 p.m. along Main Street. If you do so please remember to bring candy to toss to the children/bystanders.

Sulphur Springs Festival “Clifton Challenge” Entry Form
Saturday June 5, 2010
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. _____ # _____

MINIMUM AGE TO PARTICIPATE IS 14.

**“Clifton Challenge” Team Waiver
June 5, 2010**

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 _____