

6th Annual Hospital Bed Race
Saturday, May 15, 2010 ♦ John Marr Drive, Annandale

Team Registration:

Team Name: _____ Captain: _____

Address: _____ City, State, Zip: _____

Phone: (_____) _____ E-mail: _____

Name to appear team plaque: _____

Team T-shirts: (Teams receive 5 shirts, please indicate number of shirts per size (adult sizes). You may order extra shirts for \$10.00 each.

Small: _____ Large: _____ XXLarge: _____
Medium: _____ XLarge: _____ XXXLarge: _____

Payment Information (Minimum \$500 entry fee per Team):

- We have enclosed a check or money order, payable to: Special Olympics Virginia
 - Please send an invoice
 - Please charge my Visa MasterCard American Express; For a total of: \$ _____
- Number: _____ Exp: _____ Signature: _____

Mail Form to: Annandale Chamber of Commerce, 7263 Maple Place, Suite 207, Annandale, VA 22003.
Or Fax to: 703-359-4301.

Questions? Contact:

Michelle Gates at 703-359-4301 or mgates@specialolympicsva.org
Carol Zach Reuss at 703-447-7128 or carolzach@verizon.net

All team members must sign the below waiver prior to race:

ANNANDALE CHAMBER OF COMMERCE, INC., SPECIAL OLYMPICS VIRGINIA AND THE FAIRFAX COUNTY POLICE do not provide liability insurance for the protection of persons, organizations, spectators or others who participate in ANNANDALE CHAMBER OF COMMERCE CARNIVAL AND BED RACE.

LIABILITY DISCLAIMER AND HOLD HARMLESS AGREEMENT

In consideration of participating in Annandale Chamber of Commerce's Carnival parade on the 15th day of May, 2010 I, _____ do hereby release and forever discharge **ANNANDALE CHAMBER OF COMMERCE, INC., SPECIAL OLYMPICS VIRGINIA AND THE FAIRFAX COUNTY POLICE AND ITS AGENTS, ASSIGNS AND EMPLOYEES** from any and all actions, cause of action, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by me in consequence of participating in **ANNANDALE CHAMBER OF COMMERCE'S BED RACE on May 15, 2010**. This release extends to and applies to, covers and includes all unknown, disclosed, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities and the consequences thereof, notwithstanding the provisions of any state, federal, local or territorial law or statute to the contrary. Such provisions are hereby expressly waived. It is further understood and agreed that my participation in **ANNANDALE CHAMBER OF COMMERCE'S BED RACE** is not to be construed as an admission or liability or the assumption of any responsibility by **ANNANDALE CHAMBER OF COMMERCE, INC., SPECIAL OLYMPICS VIRGINIA AND THE FAIRFAX COUNTY POLICE** jointly and separately, and I agree to hold **ANNANDALE CHAMBER OF COMMERCE, INC., SPECIAL OLYMPICS VIRGINIA AND THE FAIRFAX COUNTY POLICE** harmless from and against any and all actions, claims, demands and liability, loss, damages and expense of whatever kind or nature, including attorney fees, which may at any time be incurred by reason of my participation in **ANNANDALE CHAMBER OF COMMERCE'S BED RACE**.

Team Member Signatures:

(1) _____ Date: _____
(2) _____ Date: _____
(3) _____ Date: _____
(4) _____ Date: _____
(5) _____ Date: _____