



**INTERFAITH HOSPITALITY NETWORK
OF SPRINGFIELD**

Serving Clark County's homeless since 1990

**2019 Bed Race
TEAM ENTRY FORM**

**Please print clearly*

Team Name: _____

Team Category: _____

Team Captain: _____

Adult Sponsor (for Youth Teams): _____

Contact Information: *Team Captain or Sponsor (circle one)*

Phone: (home) _____ (cell) _____

Mailing Address: _____

Email Address: _____

(Team Captain will be given additional information via email)

Team Members:

1. _____

2. _____

3. _____

4. _____

5. _____

Mail Entry Form and Deposit (\$100) to:
(Please do not send cash)

Interfaith Hospitality Network
501 West High Street
Springfield, OH 45506

Balance is Due by April 19, 2019

*You may also pay Entry Fee online at: www.theihn.com

2019 Bed Race RACING DETAILS

1. Five-person teams.
2. Entry Fee: \$200 per bed race team
3. Deadline to enter is **April 5**. Space is limited to 20 beds.
See Team Entry Form to register.
4. Team Categories:
 - Youth 17 and Under
 - Adult 18 and Up
5. Transform a bed into a racing vehicle to enter.
6. Bed Race Schedule:

4:00 – 4:45pm	Bed Race Drop-Off & Registration
4:45pm	Bed Judging
	Opening Ceremonies with SCD2 Drill Team
5:00pm	Racing Begins (Time Trials and Finals)
6:30 – 7PM	Race Ceremony with Prizes
7. Questions: Contact
Elaina Bradley @ 937-325-8154 or
ebradley@theihn.com

2019 Bed Race

RACING INFO & GUIDELINES

Bed Construction Guidelines:

1. Bed must be at least a twin size mattress or larger (for safety reasons, it cannot be a home-made plywood bed or frame mounted on bicycles). Bed must not be higher than 8 feet.
2. Beds must have box springs or mattress (no air mattress)
3. Push bars (handles) are allowed, but may not extend more than 16 inches away from the bed frame. They must be designed for safety with no sharp or jagged edges allowed.
4. Beds must have four wheels (4 inch minimum). All four wheels must have contact on the ground at the finish line. All wheels must be load-bearing but do not have to be the same size.
5. Steering mechanisms may be used. No bed may have motorized or mechanical means of motion. All means of motion shall be limited to race team members.

Examples...





2019 Bed Race

RACING INFO & GUIDELINES

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Team Rules:

1. Five (5) people per team. The bed must be constructed in a fashion that all pushers must be able to see the course in front of the bed.
2. One member (at least 100 lbs) must be riding on the bed for the entire race.
3. All four pushers must be in contact with the bed when crossing the finish line to qualify.
4. Use of helmets, kneepads, athletic shoes encouraged.
5. All bed costs are borne by entrants. This includes entry fee.
6. The use of alcoholic beverages or illegal drugs prohibited.
7. Failure to report for bed inspection prior to race time will mean disqualification and forfeiture of entry fee.
8. Every team member **MUST** sign a race waiver and have a picture ID.

Racing Information:

1st place from each heat will advance to the finals.

2019 Bed Race Waiver & Release Form

1. *Applicants age 18 and over, complete Part A only.*
2. *Applicants age 16 & 17 must have parent or guardian complete Parts A and B.*
3. *ALL Applicants/Racers must complete this form and bring proof of identification on race day. **No one will race without notarized form.***

Part A – WAIVER & RELEASE FROM LIABILITY

In consideration of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as the areas to which admissions by general public spectators is prohibited), or being permitted to compete, officiate, observe, work for or for any purpose participate in any way in the event, EACH OF THE UNDERSIGNED, for themselves, his/her personal representatives, heirs, next of kin, acknowledges, agrees and represents that he/she has or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and his/her participation, if any, in the event constitutes an acknowledgement that he/she has inspected such restricted area and has reviewed the conditions, requirements and the location of the event, and that he/she finds and accepts the same as being safe and reasonably suited for the purpose of his/her use and he/she further agrees and warrants that if at any time, he/she is in or about restricted areas or the location of the event and he/she feels anything to be unsafe, he/she will immediately advise the officials of such and will leave the restricted area(s) and/or will withdraw from the event.

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE

Interfaith Hospitality Network, the promoters and sponsors, other participants, operators, assigns, heirs and the next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing or working for, or for any purpose participating in the event.

2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing or working for or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OF PROPERTY DAMAGE due to the negligence of releases or otherwise while in or upon the restricted area and/or while competing, officiating, observing or working for or for any purpose participating in the event.

4. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities at the event and in the restricted area are dangerous and involve the risk of serious injury and/or death and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event is conducted and that if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements of inducements apart from the foregoing written agreement have been made.

This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said releases during the entire season and applies to each and every event, or activity hereinabove mentioned, and has same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event hereinabove described.

DATED THIS _____ DAY OF _____ 2019

SIGNED BY: _____

PRINTED NAME: _____

MAILING ADDRESS _____

PHONE: _____

State of Ohio
County of Clark

Signed before me this _____ day of _____ 2019, by _____.

_____ Personally known

_____ Produced Identification Type and # of ID _____

Signature of Notary Public(Seal)

PART B- PARENT/GUARDIAN WAIVER- RELEASE FROM LIABILITY

**If the applicant is under 18 years of age, the parent(s) or guardian(s)
must execute in addition to the above, this following waiver.**

The undersigned referred to as the parent(s) and natural guardian(s) or legal guardian(s) of, does thereby represent that he/she (they) is (are) in fact acting in such a capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim, or damage whatsoever may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releases on behalf of both of the undersigned.

NAME _____ RELATIONSHIP TO MINOR _____

NAME _____ RELATIONSHIP TO MINOR _____

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2019 Bed Race Permission to Photograph Form

I, _____ give permission to be photographed, filmed, and /or videotaped during the May 4th, 2019, Bed Race sponsored by IHN of Clark County. I understand that the photos, films, and/or videotapes will be used by the broadcast, display, website, and /or publication of IHN or its representative to promote its program and services; and in no way will be done in such a way as to exploit.

I have read and I understand the above information.

Adult Participant's Signature

Witness' Signature

Date

Date

(If participant is under age 18)

I give permission for my children listed below to be photographed or videotaped during the event.

Parent's Signature

Witness' Signature

Date

Date

Child Name(s):
