



18TH ANNUAL COUNTRY CLASSIC

MAY 6, 2017

BABY DERBY REGISTRATION FORM

Please print, complete, and mail this form to:
Turkey Hill Country Classic
2601 River Road
Conestoga, PA 17516

CHILD'S NAME:

PARENT OR
GUARDIAN NAME:

ADDRESS:

PHONE:

APT/UNIT#

EMAIL:

CITY & STATE:

GENDER: MALE FEMALE

CHILD'S AGE ON RACE DAY:

(MUST BE 14 MONTHS OR YOUNGER TO ENTER)

Waiver and Release: Please read prior to signing entry form.

I hereby request permission to participate in the Turkey Hill Country Classic Baby Derby. In consideration of the entry being accepted, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights I have against the organization holding this event, its agents, representatives, sponsors, successors and assigns for any and all injuries suffered by me or damages out of, or related to, the event. I grant permission to use photos of me and release my name for any and all event purposes. All of the forgoing has been read by the undersigned and voluntarily been signed.

SIGNATURE:

(PARENT OR GUARDIAN MUST SIGN)

DATE:

