

YEAR: _____

Anything Floats Race Registration Form

Race Date: _____

Craft Name: _____

Team Name: _____

Race to participate in: 2 person 4 person 6 person 8 person 10 person

Team Member Names:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Team Contact Name: _____

Phone Number: _____

Email Address: _____

By registering for the Anything Floats race, you are adhering to...

CARLISLE SUMMERFAIR'S WAIVER:

In consideration of the acceptance of this entry, I waive all claims for myself and my heirs against the sponsor, co-sponsor, cooperating and coordinating groups and any individuals associated with this event and to do hold them harmless for any and all injuries, illnesses, or death which may result from my (or my child's) participation. I further state that I (or my child) am (is) in proper physical condition to complete in this event. I also grant permission to the media to use my name (or my child's) and/or picture in any media coverage of this event without any obligation to anyone to compensate me further.

Registration Deadline: _____

*Email completed forms to bsellers@smiddleton.com or drop off at the South Middleton Parks and Recreation office @ 520 Park Drive Boiling Springs, PA 17007.

