

# Gilford Parks and Recreation 2021 Cardboard Box Sled Derby Registration Form

SLED NAME: \_\_\_\_\_

CLASS I (ages 12 & under): \_\_\_\_\_ CLASS II (ages 13 & up): \_\_\_\_\_

## Annual CARDBOARD BOX SLED DERBY

**Gilford Parks and Recreation – Wednesday, February 24, 2021 (Must Register by Feb. 23!)  
10:00 a.m. – 11:30 a.m. (inclement weather date of Feb. 25)**

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Please list the names of any other individuals on your Team. Please note that each participant is required to fill out an individual waiver.

Name of Racer #2: \_\_\_\_\_

Name of Racer #3: \_\_\_\_\_

Name of Racer #4: \_\_\_\_\_

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By signing below, I am accepting the assumed risk for my child and/or myself to participate in the Cardboard Box Sled Derby sponsored by the Gilford Parks and Recreation Department. I understand that my/my child's photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or facebook page. I understand that sledding on an outdoor surface during the winter can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, snow, sleet, rain and wind; and ice conditions that may be slippery, uneven, rough, and/or wet. I understand that sledding is an activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in this program may subject my child to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department, their staff and volunteers assisting with this program from any liability arising out of any injury which may occur during the normal course of the above mentioned program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under18): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Numbers (Home): \_\_\_\_\_ Work: \_\_\_\_\_