

t t h e
S u n d a y
**KIWANIS CLUB OF PLACERVILLE**
6/19/11

# **67th Running of the John M. Studebaker Wheelbarrow Races**

## HIGH SCHOOL CHALLENGE - RELAY TEAM - OFFICIAL ENTRY FORM

By affixing my signature hereunder, I/we do hereby waive, release and forever discharge any and all rights, claims and damages I/we now have or which may hereafter accrue to me/us against the county of El Dorado, El Dorado County Fair Association, Kiwanis Club of Placerville, all other sponsors and promoters of this event, the promoting Clubs and organizations, their respective officers, agents, members, representatives, successors and/or assigns for any and all damage which may be sustained or suffered by me/us in connection with traveling to, participating in, or returning from the event I/we agree to abide by the rules and regulations of this event and represent that I/we am/are physically fit and capable of participating in the event.

I/we understand that the sponsoring Club and Promoters of this event make no representation as to the fitness or soundness of any equipment supplied for the participants to use in the event and despite continuing efforts to make participation in this event a fun and safe activity that some risk of accidental injury does exist. To the extent that such risk does exist, either known or unknown, I/we do hereby agree that affixing my/our signature(s) to the waiver that I/we am/ar expressly assuming that risk as my/our personal responsibility.

Each Relay Team must fill out and send in this form.

### PARENT MUST SIGN IF CONTESTANT IS UNDER THE AGE OF 18

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of High School: \_\_\_\_\_

Team Sports Program: \_\_\_\_\_

**1. Contestant's Name (Please Print Clearly)** \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contestant's Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Contestant's Name (Please Print Clearly)** \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contestant's Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Return completed form to:

Kiwanis Club of Placerville  
 Attention: High School Challenge  
 P.O. Box 247  
 Placerville, CA 95667

This Application must be postmarked by June 3, 2011