

ALWOOD AMAZING RACE

TEAM ENTRY FORM

Thank you for your interest in participating in the 1st Annual AlWood Amazing Race. The event will be on Saturday, August 10, 2019 beginning promptly at 9:30am (rain or shine). All teams should check in by 9:15 am at the Alpha American Legion (213 W A Street) to ensure they are ready to compete at the start of the AlWood Amazing Race. Lunch will provided to all participants at the final pit stop. The team that finishes all challenges first will be deemed the WINNER of the AlWood Amazing Race. There will be an award for the “Best Team Attire” (aka theme or costume).

To participate, each team must:

- 1) Bring at least one (1) smart phone that has the ability to post pictures to the Alpha Community Team Facebook page
- 2) Bring paper and pen/pencil for notes (if needed during the race)
- 3) Have a vehicle that will transport the team to each Pit Stop
- 4) Have a licensed driver that agrees to follow **all** motor vehicle laws
- 5) Each team member must sign a liability waiver and turn in prior to beginning the race
- 6) Be able to compete in low to moderate level challenges

Please complete the entry form for your team below.

Name of Team: _____

Participants (2 to 4 players – all ages welcome – check box if the member is under the age of 18):

Team Leader: _____ Phone #: _____

Team Member: _____ Phone #: _____

Team Member: _____ Phone #: _____

Team Member: _____ Phone #: _____

Cost: \$40 per team

Cash, Check(s) or Money Order(s) can be made payable to:

Alpha Community Team (ACT)

Mail entry form and payment to:

Leigh Brinson

P.O. Box 672

Alpha, IL 61413

Questions? Please contact Leigh Brinson at 309-337-1153 or email ltbrinson@knox.edu.

AlWood Amazing Race shirts are available for pre-order (please see clothing order form)

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Waiver and Release of Liability for Participants

Participant Information Name: _____

Phone: _____ Date of Birth (if under 18): _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Relation: _____

In consideration of being permitted to participate in the AlWood Amazing Race, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against the Village of Alpha, Alpha Community Team (ACT), Village of Woodhull, and any business or residence participating in the AlWood Amazing Race and their affiliates, their agents, employees, volunteers, officers, directors, successors, and assigns, including any and all claims for personal injuries caused by the ACT's negligence. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videos, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me. (This information is protected by the Privacy Act).

Signature of Participant: _____ Date: _____

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This section to be read and signed by parent/legal guardian if Participant is a minor:

As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against the Village of Alpha, Alpha Community Team (ACT), Village of Woodhull, and any business or residence participating in the AlWood Amazing Race and their affiliates, their agents, employees, volunteers, officers, directors, successors, and assigns, by reason of my child's participation in said program, including any and all claims for personal injuries caused by the ACT's negligence. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videos, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me or the minor. In addition, I accept full responsibility for the care of my child during the above-described event.

Signature of Parent/Legal Guardian: _____

Date: _____