



# Educational Race Registration Form

Mark which Division you are participating in:

Stock  Super Stock

RACER NUMBER

Local Director's Use Only

Racer's Name \_\_\_\_\_ Local Race City Organization River City Soapbox Derby

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Phone \_\_\_\_\_

Is your car sponsored?  Yes  No Sponsored by \_\_\_\_\_ Registration Fee Paid \$ \_\_\_\_\_

T-shirt Size \_\_\_\_\_ (see codes below) Racer Number \_\_\_\_\_

*(Youth Med (YM), Youth Large (YL), Adult Small (AS), Adult Med (AM), Adult Large (AL), Adult XL (AXL))*

Racer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Relationship to Racer \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), hereby certify that my son/daughter/ward, \_\_\_\_\_, entrant in the official Soap Box Derby Local Race being held in Columbus, GA, has read and has read the completed statement of my son/daughter/ward and know the facts to be true.

Furthermore, I hereby grant permission for my son/daughter/ward to enter the official River City Soap Box Derby Educational Race in Columbus, GA on June 8, 2019. Further, I understand and agree that the prerequisite to competing in the River City Soap Box Derby in Columbus, GA that my son/daughter/ward has been assigned a car and said car has undergone and passed inspection conducted in Columbus, GA by the River City Soap Box Derby, Inc. I further understand River City Soap Box Derby, Inc., in its sole discretion, to determine compliance with the rules, spirit and specifications applicable to that division and that the decision of the River City Soap Box Derby, Inc. and its officials regarding the qualification, disqualification, and compliance with the rules, spirit and specification applicable to that division shall be final and binding upon me, my son/daughter/ward, and all other parties.

Finally, I as such parent or guardian, in consideration of the benefits received as a result of the participation herein, and for the mutual benefits received by myself and my child and the other racers herein, hereby wave and release any and all claims, rights, causes of action, demands or otherwise, whether for personal injuries, property damage or any other loss, damages, or expenses, which I, as a parent or guardian and/or my son/daughter/ward have against River City Soap Box Derby, Inc., the First Energy All-American Soap Box Derby and/or any activities incidental or related thereto. I also agree to allow pictures of my child and his/her participation in the Soap Box Derby to be used in marketing material such as newsletters, websites, social media, etc. without compensation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Local Race Director's Name: **Robbie D. Branscomb**

Mailing Address: **P. O. Box 5114** City **Columbus** State **GA** Zip Code **31906-0114**

I, **Robbie D. Branscomb**, the Local Race Director of the official Soap Box Derby Local Race being conducted by **River City Soap Box Derby, Inc.** (sponsor), have read the statement about, signed by the entrant and his/her parent or guardian, and understand the facts therein to be true. I have inspected his/her car and in my opinion, it meets all construction requirements for the Stock, Super Stock, or Masters division.

Local Race Director Signature \_\_\_\_\_ Date \_\_\_\_\_

*(For office use only: Return fully completed, signed and dated original forms for each of your racers on the first business day after your Local Race.)*