****

**Racer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Racer age will be determined by their age on race day. Eligible ages 7-18 years**

I, as the 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 participants herein, hereby waive 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/guardian, and/or my son/daughter/ward may have against Cleveland Area Soap Box Derby, its sponsor, the International Soap Box Derby, Inc., and/or its sponsors, agents, employees, full or part-time, or associates of any status whatsoever, arising from or in any manner related to my son's, daughter's or ward's participation in the Fun Run Race held at the CASBD track on Sunday, June 1, 2025.

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

Please return completed form to cadyer61@gmail.com or mail to : Dyer

 38567 Misty Meadow Trail

 North Ridgeville, OH 44039