

Minor Waiver Release Form

Child's Full Name:		Age: DOB:	_
Parent/Guardian Full Name: _			
Street Address:			
City:	State:	Zip Code:	
Phone Number:	Email:		
ward of being permitted to utiliz consideration of the benefits recheirs, executors, administrators the Local Soap Box Derby, its sofficers, agents, members, empwhatsoever, all for the purpose administrators, and assigns for person, child, and/or ward, or protherwise while I or my child/ward Derby and/or related event bein I hereby further agree to indemiliability, damage, or cost Releas which is the purpose and soap Box Derby I hereby assume all responsibility.	son/daughter/ward). As such pare the Soap Box Derby race track ceived by myself and my child and and assigns, hereby release, we ponsors, the International Soap loyees, full or part-time, insurers herein referred to as Releasees, all loss or damage, and any claim roperty or resulting in my death, and is utilizing the above described gheld in	the said Releasees from any and all claims,	in with my t to sue eir rus o my sees or oap Box loss, d/or
and/or observing said Soap Box I expressly agree that this relea	Derby races and/or events. se, waiver, and indemnity agreer te of Ohio and that if any portion	ment is intended to be as broad and inclusive thereof is held invalid, it is agreed that the ba	as
I, being of lawful age, as legal p described racetrack facilities an released from any and every claim, of by reason of any bodily injury of occur as a result of my, and/or in	arent or guardian, in consideration door participate in and/or observed asse and forever discharge Release and forever discharge Release and, action, of whatsoever king personal injuries known or unknown child/ward's utilization of the action of Soap Box Derby races and	on of, and/or my child/ward, to utilize the above Soap Box Derby races and/or events in asees, their heirs, administrators, and executind or nature, either in law or in equity arising nown, death, and/or property damage which rabove described race track facilities and/or are larged or a second or and or events in or a	ors of from or may ny
permission to email you. You ca Unsubscribe link found at the bo	an revoke permission to mail to y	by Downs Dr. Akron, OH 44306, United States our email address at any time using the Safe our privacy seriously (to see for yourself, pleast viced by Constant Contact.	
Signature of Parent/Guard	ian	Date	
Signature of Witness		Date	