Local Race Registration Form

	ION YOU ARE PARTICIPATIN				
Participant's Name_		Local Rac	e City Organization		_
Mailing Address	School Grade	City	State	Zip Code	-
Phone	School Grade	Age	Date of Birth		
Parent/Guardian Em	ail:				
	egin racing Soap Box Derby?				
How did you learn al	bout Soap Box Debry racing?				
l,, ı	racer of a Soap Box Derby ca	r entered in th	e official Soap Box Derb	y Local Race being held	
	, hereby certify th		een built in full complia	ance with the most curren	t construction plan
and rules published l	by the International Soap Box	x Derby, Inc.			
Participant Signature	9	Date			
Parent/Guardian's N	ame	Re	lationship to Participant	t	
Mailing Address	ame	City	State	Zip Code	
. 0					=
l,	(parent/guardian), here	eby certify tha	at my son/daughter/w	vard,	,
entrant in the offic	cial Soap Box Derby Local F	Race being he	ld in, has read the abo	ove statement complete	ed by my
son/daughter/war	d and know the facts state	ed therein to	oe true. Further, I her	eby grant permission fo	r my
son/daughter/war	d to enter the official Soap	Box Derby L	ocal Race in	, and	in the event he o
	e winner of the official Soa				
	Championship in the curre			0,	,
Further, I understand a	and agree that, as a prerequisite	to competing in	the FirstEnergy All-Americ	can Soap Box Derby in Akron.	. Ohio. that my
	gether with his/her car, shall ha				
	er understand and agree that such				
International Soap Box	Derby, Inc., in its sole discretion	n, to determine	compliance with its rules, s	spirit and specifications applie	cable to that division
and that the decisions	of the International Soap Box Do	erby, Inc. and its	officials regarding qualific	ation, disqualification and co	mpliance with the
rules, spirit and specific	cation applicable to that divisior	n shall be final ar	nd binding upon me, my so	on/daughter/ward and all oth	er parties.
Photographic Release.	I grant and convey to the Derby	all rights, title, a	and interests in any and all	photographs, images, video,	, or audio
	y likeness made by Derby or its a				
By signing this agreeme	ent, I acknowledge the contagio	us nature of CO	/ID-19 and voluntarily assu	ume the risk that I (parent/gu	ardian, and/or my
	nay be exposed to or infected by				
	ent disability, and death. unders				
negligence of the ISBD,	, its employees, volunteers, part	cicipants or othe	rs, whether a COVID-19 inf	ection occurs before, during	or after participation
in any ISBD sanctioned	event.				
Event guidelines is sub	ject to change based on state ar	nd local guideline	es.		
Finally, I, as such paren	nt or guardian, in consideration o	of the benefits re	eceived as a result of the p	articipation herein, and for the	he mutual benefits
	I my child and the other particip				
otherwise, whether for	r personal injuries, property dan	nage, or any oth	er loss, damages or expens	ses which I, as a parent/guard	dian, and/or my
son/daughter/ward ma	ay have against the Local Soap B	ox Derby, its spo	onsor, the International So	ap Box Derby, Inc., and/or its	sponsors, agents,
	-time, or associates of any statu				
participation in the Loc	cal Soap Box Derby, the FirstEne	rgy All-Americar	Soap Box Derby and/or a	ny activities incidental or rela	ted thereto.
Parent/Guardian Sig	nature	Date			
I.	, the Local F	Race Director o	f the official Soan Box D	erby Local Race being con	ducted
bv	, the Local F (Race City), have read	d the statemer	t about, signed by the e	entrant and his or her pare	ent/
	stand the facts therein to be				
_	Stock, Super Stock, or Mast		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
Local Race Director S		Date	2		