

REGISTRATION

Eliminators Riverside Run Open to all special interest vehicles

Amount Paid _____
Cheque, PP, Cash

Vehicle Year: _____ Make: _____ Model: _____

Participant: _____
(Surname) (Given name)

*If under 19 years of age please have parent or guardian sign waiver.

Spouse/or: _____
(Surname) (Given name)

Address: _____
(Number & Street) (Box or Route)

(City/Town) (Prov/State) (Postal Code/Zip Code)

Phone: _____ E-Mail: _____

Club Affiliation: _____ **Distance Traveled:** _____

Names of Children (Family Members: 16 years and younger)

(Surname) (Given name) (Age)

(Surname) (Given name) (Age)

(Surname) (Given name) (Age)

****Extra Adults (limit of 2 per registration @ \$15.00 each)**

(Surname) (Given name)

(Surname) (Given name)

NUMBER ATTENDING THE SUPPER _____

Applicant hereby assumes any and all responsibilities for injury or damage caused by himself or any member of his party while participating in ELIMINATORS RIVERSIDE RUN and does release from liability for any such injury or damage, Eliminators Car Club and its members.

(Date) (Signature of Participant)

****If the participant is under the age of 19 years the following waiver must be signed by either a parent or guardian.***

As above participant is under the legal age I will be responsible for injury or damage caused by him/her or any member of his/her party while participating in ELIMINATORS RIVERSIDE RUN and does release from liability for any such injury or damage, Eliminators Car Club, and its members.

(Surname) (Given name) (Signature)