

REGISTRATION

Eliminators Riverside Run *Open to all special interest vehicles*

Amount Paid _____
Cheque, PP, Cash

Vehicle Year: _____ Make: _____ Model: _____

Participant: _____
(Surname) (Given name)

Plan to come to the social on Saturday **Yes** **No**

Meal tickets _____ **Single \$30.00** **Couple \$50.00**

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

Phone: _____ E-Mail: _____

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

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. By signing below, you also allow the Eliminators Car Club to use any photograph taken at our event for club usage or advertising.

(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)

Mail to:
Eliminators Car Club
PO Box 116
Swift Current SK S9H 3V5

or email to:
eliminators@sasktel.net