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 Derl	by Local Race being held	
in	, hereby certify th	at my car has l	been built in full compl	iance with the most curren	t construction plan
and rules published	by the International Soap Bo	x Derby, Inc.			
Participant Signature	<u> </u>	Date			
Parent/Guardian's N	ame	Re	lationship to Participar	nt	
Mailing Address	ame	City	State	Zip Code	
					-
l,	(parent/guardian), here	eby certify tha	at my son/daughter/	ward,	,
	cial Soap Box Derby Local F				
son/daughter/war	d and know the facts state	ed therein to	be true. Further, I he	reby 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		· ·	,	
Further, Lunderstand a	and agree that, as a prerequisite	to competing in	the FirstEnergy All-Amer	ican Soan Box Derby in Akron.	. Ohio, that my
	gether with his/her car, shall ha				
	er understand and agree that su				
	Derby, Inc., in its sole discretion				
	of the International Soap Box D				
rules, spirit and specific	cation applicable to that division	n shall be final ar	nd binding upon me, my s	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 a	II photographs, images, video,	, or audio
	likeness made by Derby or its a				
By signing this agreeme	ent, I acknowledge the contagio	us nature of CO	VID-19 and voluntarily ass	sume the risk that I (parent/gu	uardian, and/or my
	ay 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 ir	nfection 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	participation herein, and for tl	he mutual benefits
	my child and the other particip				
otherwise, whether for	r personal injuries, property dan	nage, or any oth	er loss, damages or exper	nses which I, as a parent/guard	dian, and/or my
	ay have against the Local Soap B				
	-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	any activities incidental or rela	ted thereto.
Parent/Guardian Sig	nature	Date			
I.	, the Local F	Race Director o	f the official Soan Box I	Derby Local Race being con	ducted
bv	, the Local F (Race City), have rea	d the statemer	nt about, signed by the	entrant and his or her pare	ent/
	stand the facts therein to be				
_	Stock, Super Stock, or Mast		. ,	. , , , , , , , , , , , , , , , , , , ,	-
Local Race Director S		Date	9		