

Participant's Name				- Foundation Inc
Participant's Name Mailing Address School Grade	LUCAI Ka	Le City Organization_	7in Code	Foundation, Inc
Phone School Grade	City	Date of Rirth	Zip Code	<u>:</u>
Parent/Guardian Email:	^gc	Date of birtii		
What year did you begin racing Soap Box De				
How did you learn about Soap Box Debry rad				
I,, racer of a Soap Box Derl	by car entered in tl	ne official Soap Box D	erby Local Race be	ing held
in_ Hopkinsville, KY, hereby cert	ify that my car has	been built in full cor	npliance with the m	nost current construction plan
and rules published by the International Soa	ap Box Derby, Inc.			
Participant Signature	Date			
Parent/Guardian's Name	R	elationship to Partici	pant	
Parent/Guardian's Name Mailing Address	City	State	Zip Code	
I,(parent/guardian),				
entrant in the official Soap Box Derby Lo				
son/daughter/ward and know the facts				
son/daughter/ward to enter the official	Soap Box Derby	Local Race in	kinsville, KY	, and in the event he o
she is adjudged the winner of the officia	al Soap Box Derby	Local Race, to par	ticipate in the Firs	stEnergy All-American Soap
Box Derby World Championship in the c	urrent race year	in Akron, Ohio.		
Further, I understand and agree that, as a prereq son/daughter/ward, together with his/her car, sh Box Derby, Inc. I further understand and agree th International Soap Box Derby, Inc., in its sole disc and that the decisions of the International Soap E rules, spirit and specification applicable to that d	nall have undergone nat such inspection sl cretion, to determine Box Derby, Inc. and it	and passed an inspectionall be conducted using compliance with its rust officials regarding qu	on conducted in Akro the manner and met les, spirit and specific alification, disqualific	n, Ohio by the International Soap thods deemed appropriate by the ations applicable to that division ation and compliance with the
Photographic Release. I grant and convey to the recordings of me or my likeness made by Derby of				=
By signing this agreement, I acknowledge the corson/daughter/ward) may be exposed to or infect injury, illness, permanent disability, and death. u negligence of the ISBD, its employees, volunteers in any ISBD sanctioned event.	ted by COVID-19 by a nderstand and agree	ttending an event that that this release include	such exposure or infe les any claims based o	ection may result in personal on the actions, omissions, or
Event guidelines is subject to change based on st	ate and local guideling	nes.		
Finally, I, as such parent or guardian, in considerate received by myself and my child and the other partherwise, whether for personal injuries, propert son/daughter/ward may have against the Local Semployees, full or part-time, or associates of any participation in the Local Soap Box Derby, the Fire	articipants herein, he ty damage, or any ot soap Box Derby, its sp status whatsoever,	reby waive and release her loss, damages or ex consor, the Internation arising from or in any m	any and all claims, ri penses which I, as a pal Soap Box Derby, In- nanner related to my	ights, causes of action, demands o parent/guardian, and/or my c., and/or its sponsors, agents, son's, daughter's or ward's
Parent/Guardian Signature	Date	<u> </u>		
I, Letha A Catron , the Lo	ocal Race Director	of the official Soap B	ox Derby Local Race	e being conducted
		nt about, signed by t		
guardian, and understand the facts therein t	to be true. I have ir	spected his/her car	and, in my opinion,	it meets all construction
requirements for the Stock, Super Stock, or	Masters division.			
Local Race Director Signature	Da ⁻	te	_	