

Minor Waiver Release Form

Child's Full Name:		Age:	DOB:
Parent/Guardian Full Name:			····
Street Address:			
City:	State:	Zip	Code:
Phone Number:	Email:	 	
ward of being permitted to utilize the consideration of the benefits receive heirs, executors, administrators, and the Local Soap Box Derby, its sport officers, agents, members, employed whatsoever, all for the purpose here administrators, and assigns for all leperson, child, and/or ward, or proper otherwise while I or my child/ward in Derby and/or related event being hereby further agree to indemnify liability, damage, or cost Releasees	n/daughter/ward). As such pare e Soap Box Derby race tracked by myself and my child and assigns, hereby release, was sors, the International Soap Bees, full or part-time, insurers, ein referred to as Releasees, coss or damage, and any claimerty or resulting in my death, was utilizing the above described eld in	ent/guardian, I age facilities in I/or ward as a resive, and forever tox Derby, Inc., it lessees, lessors from all liability to or damage there whether caused but race track facilities. The said Release to the said R	gree to my son, daughter, and/or, and in sult of said use, I, together with my discharge and covenant not to sue as sponsors, and/or all of their , and associates of any status o me, my heirs, executors, efore, on account of injury to my by the negligence of Releasees or ties and/or observing any Soap Box es from any and all claims, loss,
I hereby assume all responsibility for for Releasees while so I, or my child and/or observing said Soap Box De I expressly agree that this release, where the state of the Sta	or and risk of bodily injury, dea /ward, is utilizing the above de rby races and/or events. waiver, and indemnity agreem f Ohio and that if any portion t	escribed race tradent is intended to	ck facilities and/or participating in be as broad and inclusive as
shall, notwithstanding, continue in full, being of lawful age, as legal parendescribed racetrack facilities and/or release and from any and every claim, demails y reason of any bodily injury or per occur as a result of my, and/or my coparticipation in and/or observation of activity in connection therewith, whe	ant or guardian, in consideration participate in and/or observe sand forever discharge Releasand, action, of whatsoever kind sonal injuries known or unkno hild/ward's utilization of the about 15 to	Soap Box Derby ees, their heirs, d or nature, eithe wn, death, and/o ove described ra	races and/or events in administrators, and executors of r in law or in equity arising from or r property damage which may ace track facilities and/or any
COVID-19 Release The ISBD has put in place prevent guarantee that you will not become risk of contracting COVID-19.			
By signing this agreement, I acknown (children, I, group) may be exposinfection may result in personal injurelease includes any claims based oparticipants or others, whether a sanctioned event. Event guidelines	ed to or infected by COVID- ury, illness, permanent disab on the actions, omissions, or COVID-19 infection occurs I	19 by attending ility, and death. negligence of the pefore, during o	an event that such exposure or I understand and agree that this ISBD, its employees, volunteers, or after participation in any ISBD
By signing this form you are granting ermission to email you. You can revon Unsubscribe link found at the bottom read our Email Privacy Policy locate	oke permission to mail to your n of every email. We take your	email address a privacy seriously	t any time using the Safe y (to see for yourself, please
Signature of Parent/Guardian		Date	