



Team Registration Form

Mail or Email Registration and entry fees
to: HEI/Bed Race
1810 Moran
Idaho Falls, Id. 83404
hei@hospiceofeasternidaho.com
(208)529-0342

Team Name _____
Captain Name _____
Mailing Address _____
Contact Phone # _____
Email _____

Release Waiver of Liability

I hereby release the sponsors, Hospice of Eastern Idaho and any other person officially connected with this competition from all liability for any injury and damages whatsoever arising from my participation in the event. I hereby give my permission for Hospice of Eastern Idaho to use my picture and/or videotape image and/or name in any publicity deemed necessary for the promotion of the event with no compensation. I hereby acknowledge that I have read and understand the Bed Race Rules and Regulations and agree to abide by them.

Captain _____	_____	_____
Print	Signature	DOB
Member _____	_____	_____
Print	Signature	DOB
Member _____	_____	_____
Print	Signature	DOB
Member _____	_____	_____
Print	Signature	DOB
Member _____	_____	_____
Print	Signature	DOB