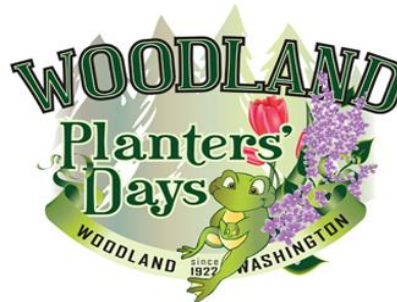


# Woodland Planters Days BED RACE ENTRY FORM

Return entry form to:  
Planters Days Bed Race  
PO Box 160  
Woodland, WA 98674  
Email [mikegolik@yahoo.com](mailto:mikegolik@yahoo.com)  
Fax (360) 225-6881



[www.plantersdays.com](http://www.plantersdays.com)

**PLEASE SUBMIT A SEPERATE FORM FOR EACH ENTY**

Name or Group \_\_\_\_\_

Captain / Contact Person \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact Person \_\_\_\_\_

Phone#1 \_\_\_\_\_ Phone#2 \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## WOODLAND PLANTERS DAYS BED RACE WAIVER OF LIABILITY

**THIS MUST BE SIGNED BY ALL THOSE PARTICIPATING IN THE  
EVENT AND RETURNED TO BED RACE OFFICIALS THE DAY OF THE  
RACE.**

In consideration of the acceptance of my application / entry form for the Woodland Planters days Bed Race, I hereby release all associated groups; Woodland True Value, The Woodland Planters Days Committee, the City of Woodland Washington, and any person officially or unofficially connected with this competition, from all liability for any injuries or damages whatsoever arising from this competition event.

Please check the box by the Team Captain

- Participant #1 Name: \_\_\_\_\_ Date \_\_\_\_\_
- Participant #2 Name: \_\_\_\_\_ Date \_\_\_\_\_
- Participant #3 Name: \_\_\_\_\_ Date \_\_\_\_\_
- Participant #4 Name: \_\_\_\_\_ Date \_\_\_\_\_
- Participant #5 Name: \_\_\_\_\_ Date \_\_\_\_\_

**THIS WAIVER MUST BE TURNED IN TO BED RACE OFFICIALS THE DAY OF THE RACE.**

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