

**THE GREAT GROVE BED RACE  
BED...DASH...AND BEYOND!  
REGISTRATION FORM AND WAIVER  
Final entry deadline: Aug. 21, 2009, 5 pm**

Team Name \_\_\_\_\_ Team Captain/Contact \_\_\_\_\_

Contact Number \_\_\_\_\_ Email address \_\_\_\_\_

**RACE TEAM REGISTRATION FEES:**

\$50.00 (June 1, 2009 to July 15, 2009) Late fee: \$75.00 up to 5pm August 21, 2009

Forms of Payment: Check or Cash. Checks should be made out to Alonzo Mourning Charities. For forms and payment go to The Bookstore in the Grove, 3399 Virginia St, unit #620, Coconut Grove, FL 33133 (by mail or walk in)  
(100% of registration fee goes to Alonzo Mourning Charities)

All Bed Racers MUST sign the Waiver of Liability and acknowledgement of the Bed Race Rules and Regulations before participating in the race. In no case will Bed Racers be allowed to compete without signing these forms. Team members must be at least 18 years.

**RACE TEAM WAIVER OF LIABILITY & INDEMNITY AND RELEASE FOR RADIO, TELEVISION, INTERNET AND PRINT MEDIA**

**Great Grove Bed Race Waiver of Liability**

I know that running in a Bed Race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection will be provided, there may be some hazards on the racecourse. I assume the risk of running on the race/obstacle course. I also assume any and all other risks associated with running in this event and participating I all other activities scheduled including but not limited to falls, contact with other participants, spectators or equipment, the affects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. In consideration of your permitting me to participate in the Great Grove Bed Race on September 6, 2009, I hereby for myself, my heirs, executors, administrator or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge The Great Grove Bed Race, its members, volunteers, race officials and any sponsoring body, their successors and assigns, and the State of Florida, County of Miami-Dade, the City of Miami and its officials, the Coconut Grove Chamber of Commerce, the Merchants Group, the Business Improvement Committee (BID), The University of Miami, University of Miami Health System, Miller School of Medicine and all of their officials and employees from any and all claims or cause of action I may have for all personal injuries or property damages caused by or arising out of the Great Grove Bed Race and its related activities. I also agree to abide within the rules and regulations issued by race officials.

**Indemnity and Release for Radio, Television, Internet and Print Media**

For sufficient consideration and the right to appear, I agree to protect and indemnify the Great Grove Bed Race, its officers, member and volunteers, and advertising agency, and their respective officers and employees, and to hold it and them harmless from and against all liability, loss, damages, expenses, judgments, counsel fees, costs and other charges, against it or them or for which it or they shall become liable by virtue of or arising out of our caused by any matter or materials supplied or spoken by me in the telecast of the Great Grove Bed Race. I hereby give my permission for the Great Grove Bed Race to use my picture and/or name in any publicity, deemed necessary for the promotion of this event at no compensation.

Team Captain	(required to register)	D-O-B	Signature	email address
Team member	(due by Captains meeting)	D-O-B	Signature	email address
Team member	(due by Captains meeting)	D-O-B	Signature	email address
Team member	(due by Captains meeting)	D-O-B	Signature	email address
Team member	(due by Captains meeting)	D-O-B	Signature	email address
Alternate member		D-O-B	Signature	email address

Questions? Please email [info@thegreatgrovebedrace.com](mailto:info@thegreatgrovebedrace.com)

Updates on twitter: <http://twitter.com/grovebedrace>