



FURNITURE BANK OF CENTRAL OHIO

BED RACE

5.5.18 | HOLLYWOOD CASINO

presented by  SAUDER®

Offline Registration Form

Offline registrations are subject to the regular registration rate of \$35 per person or \$175 per team. Please submit one form per registrant if registering more than one person or a team.

Name: _____

Company Name (if business team): _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

T-shirt Size: Small Medium Large XL 2XL 3XL

I am at least 13 years old (If under 18 years of age, parent/guardian must sign participant waiver)

Registration Fee:

Individual Registration-\$35 Team Registration- \$175

Team Name: _____

Team Type:

Business Community Group Friends and Family School Other

Rentals:

\$25- Bed frame and mattress \$15-Mattress only

My Donation: \$ _____

You can take your first step in supporting Furniture Bank of Central Ohio by making your own donation.

Payment Total: \$ _____

Check- make out to Furniture Bank of Central Ohio

Credit Card: Number: _____

Expiration Date: ____/____/____ Name on Card: _____

WAIVER:

By signing below, I understand that bed racing is an athletic event and I have chosen to participate in the Furniture Bank of Central Ohio (FBCO) Bed Race. I understand that as a participant, I will not be covered by any medical or other insurance coverage provided by FBCO.

I hereby agree that I will not make claim against FBCO, or any of its affiliated organizations, donors, or either of their officers or directors collectively, individually, or the supplier of any materials or equipment used, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation. I further consent to the unrestricted use by FBCO and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

I agree that I will abide by all Bed Building Guidelines and Team Rules on the next page. Failure to abide by rules and guidelines will result in my disqualification to participate in the event. I understand that this event is rain or shine and all fees and donations are nonrefundable. I affirm that I am 13 years of age or older. If under the age of 18 years, a parent/guardian must also sign this participant waiver.

- Please submit one form per registrant if registering more than one person or a team.
- Payment must be included on at least one form for a team to register.
- We will set up your personal and team fundraising pages and you will receive an email with the relevant information.

Return this form by April 20th to:
Furniture Bank of Central Ohio
PO Box 164206
Columbus, OH 43216-4206

OR

events@furniturebankcoh.org

Name (print): _____

Signature: _____

Date: _____