

## Offline Registration Form

Offline registrations are subject to the regular registration rate of \$40 per person or \$200 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- \$40  Team Registration- \$200 (Shared Bed Rental Included)

Team Name: \_\_\_\_\_

### Team Type:

Business  Community Group  Friends and Family  School  Other

### Rentals:

\$100- Private Bed Rental (for the day)

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 Construction 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 20<sup>th</sup> to:**

Furniture Bank of Central Ohio  
PO Box 164206  
Columbus, OH 43216-4206

OR

[events@furniturebankcoh.org](mailto:events@furniturebankcoh.org)

**Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_