

2025 FOLSOM HANDCAR DERBY

HANDCAR TEAM NAME: _____

TEAM CAPTAIN: _____ CELL #: _____

QUADRIPEDE TEAM NAME: _____

HANDCAR			QUADRIPEDE
Open: <input type="checkbox"/> Open <input type="checkbox"/> Open Elite	Coed: <input type="checkbox"/> Coed <input type="checkbox"/> Coed Elite	Women: <input type="checkbox"/> Women <input type="checkbox"/> Women Elite	<input type="checkbox"/> Coed <input type="checkbox"/> Men <input type="checkbox"/> Women
Seniors: <input type="checkbox"/> Seniors		Masters: <input type="checkbox"/> Masters	

***** **WAIVER STATEMENT** *****

In consideration of the acceptance of my teams entry and by my signature below, I hereby for myself, my heirs, executors, administrators or for anyone else who may claim on my behalf, covenant not to sue and waive, release and discharge, Bill Anderson, Gary Putman, City of Folsom, Folsom Chamber of Commerce, Broadstone Marketplace, Folsom, El Dorado and Sacramento Historical Railroad Association, event officials, volunteers, and any and all other sponsors, suppliers, agents, independent contractors, employees, representatives and other personnel in any way assisting or connected with the "Folsom Handcar Derby (hereafter "this event"), from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of my participation in this event on **May 24th and 25th, 2025.**

I understand that participating in this event requires a reasonable level of strength, endurance and physical fitness. I have read and understand the official rules for this event, including the safety statement, and I agree to abide by such rules. I further agree to assume any and all other risks associated with participating in these practice sessions, but not limited to illness, the effects of the weather (including high temperatures and humidity) and traveling to and from this event. I also understand and agree that any sponsor may subsequently use, for publicity or promotional purposes, my name or pictures of me participating in this event without obligation or liability to me.

TEAM MEMBER: (PLEASE PRINT)

SIGNATURE:

DATE:

INITIALS: Practice _____ Qualifying _____ Finals _____

ADDRESS _____ APT. (____) CITY _____

STATE _____ ZIP _____ PHONE _____

E-MAIL: _____