Amazing Inflatable Costume Race

RACE ENTRY FORM

Date: Saturday, July 18 Time: 4:00 - 5:00 Registration

Location: Avella Community Festival, Little A Town Arena, 44 Campbell Dr., Avella

$2.00 to register Prize Money for each age Category

Get ready for an exhilarating and hilarious experience like no other with the Avella Community Festival's Amazing Inflatable Costume Race! This event fun-filled event promises laughter, friendly competition, and outrageous inflatables costumes that will have everyone rolling with laughter.

Participants will don their larger-than-life inflatable costumes, ranging from classical characters to prehistoric dinos in this race. Participants must wear a costume to participate. Contestants must be in full costume and blow-up costumes must be from head to toe. Limited number of costumes are available to use for the race.

Complete the entire entry form and print legibly. More than one entry may be mailed together with the appropriate fees. Please make all checks payable to Avella Area Community Group.

We reserve the right to close registration when the race field is FULL to capacity.

_____

Contact Phone: _____ Email: _____

Address: _____

Relay Team name: _____

Age Category: 12 – 17 years old | Adult 18 – 49 | Senior 50+

Age: _____ Date of Birth _____ /_____ /_____ Male _____ Female _____

Parent or Guardian if under 18: _____

Fun Facts About the Racer: _____

_____

Race Waiver: I, individually, (and or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Little A Town Arena, Avella Area Community Group, Cross Creek, Hopewell, Independence, Jefferson Townships, West Middletown Borough, and any and all other supporting groups of this said racing event, together with all their officers, agents,

officials and employee, from any and all liability, claims, demands, actions, or causes of actions whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. I further grant permission to this race and the organization conducting the race and/or agents authorized by them to use any photographs, video, motion picture, recordings, and any other record of this event for any purpose. I also agree that the entry fees are non-refundable, and that this entry is non-transferable.

Name of Racer/s:

_____
_____
_____
_____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent/Guardian Signature, if under the age of 18:
Name: _____

Signature: _____
Date: _____

Send completed form entries to:

Avella Area Community Group
28 Clark Avenue, Avella PA 15312
(Or Dropbox in the front door)

Thank you for participating!