



NORTH SHUSWAP LIONS CLUB BED RACE
SUNDAY, FEBRUARY 16, 2025

REGISTRATION FORM

TEAM NAME: _____
CONTACT NAME: _____
PHONE: _____
EMAIL: _____

Team members: Please print all racer's names and ages. All racers under the age of 18 must provide permission from the parents or guardians.

NAMES

1. _____
2. _____
3. _____
4. _____
5. _____

WAIVER OF LIABILITY

By signing below, each member will not hold North Shuswap Lions Club, North Shuswap Chamber of Commerce, or any other affiliated Bed Race group, liable for any personal injury, property damage, or lost / stolen property or items.

Signatures

Date

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Send registration form to mabesda@telusplanet.net by noon on Sunday, February 9, 2025.