

Bucks County, Pennsylvania
SOAP BOX DERBY
25 N. Main Street
Fallsington, PA 10954
E-mail: superkidsclassic@aol.com
www.buckscountysoapboxderby.org

**1st ANNUAL BUCKS COUNTY
SUPER KIDS CLASSIC**



PARTICIPANT OFFICIAL REGISTRATION / WAIVER

Please return Via E-Mail or Regular Mail to the above referenced addresses by
September 14, 2007 to be eligible

Child's Name: _____

Parent's / Guardian's Name: _____

Contact Phone: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ ST: _____ ZIP: _____

I/We understand that the Bucks County Soap Box Derby or its officials retain the right to refuse to allow any child to participate in this event, should there be any question that participation in Bucks County Super Kids Classic may constitute an unsafe condition for that child or may threaten the safety of others participating in this event.

Parent / Legal Guardian Signature: _____

Print Name: _____ Date: _____

PARENT / GUARDIAN WAIVER

I/We, the parents or guardian of the above named child, for ourselves and on behalf of said minor child, hereby agree that said child's participation in the Buck's County Super Kids Classic Soap Box Derby shall be taken at our own risk and that the Bucks County Soap Box Derby and its sponsors shall not be liable for any claims, injuries or damages which might occur to said child, his/her property, honor to said parents / guardians arising out of or connected with said minor child's participation in the Bucks County Super Kids Classic, a Soap Box Derby for Youths With Disabilities. It is understood that this event may be covered by media and you have voluntarily agreed that all photos and publicity are the property of and for the sole use of Bucks County Super Kids Classic.

Parent / Legal Guardian Signature: _____

Print Name: _____ Date: _____

Relationship to participating child: _____