

# Hudsonville Fair

## OFF ROAD DERBY – ENTRY FORM

Release of Claims, Please Print

Entrants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Driver must present ID for verification of age at time of event registration.**

#### **The undersigned hereby represents and certifies that:**

- 1) I am at least 16 years of age. (If under 18 must also have notarized parental release or sign below)
- 2) I have voluntarily entered the OFF ROAD at the Hudsonville Fair.
- 3) I HAVE READ THE RULES and understand the meaning of them.
- 4) I understand there will be no refunds of entry fees because of disqualification.
- 5) I understand that the decisions made by the officials of the event are final and to abide by those decisions.

I/We release the Hudsonville Community Fair Association, its Board members, employees, agents and servants from any claim of injury, property damage, fees, expenses of any kind, arising in any manner from my/our attendance, use and/or participation in any activities at the Hudsonville Community Fairgrounds.

I/We agree to indemnify, hold harmless, and defend, including costs and attorney fees, the Hudsonville Community Fair Association, its board members, employees, volunteers, agents and servants ( collectively referred to as the Hudsonville Community Fair), from any and all claims, suits, actions, demands, of any natures pursued by or on behalf of any persons against the Hudsonville Community Fair arising out of their attendance, use and/or participation in any activities at the Hudsonville Community Fair.

DRIVER: \_\_\_\_\_ Date: \_\_\_\_\_

### **Under 18 Parental Release**

Parent Release: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **ENTRY FEE \$25.00 per event**

**Return entry form and fee to the  
Fair Office or mail to:**

Hudsonville Community Fair  
PO Box 189  
Hudsonville, MI 49426  
616-669-1630