

In lieu of a registration fee, teams are being asked to fundraise for Family Promise. All gifts are tax-deductible.

The fundraising minimum is set at **\$150 per team**; Teams are encouraged to raise funds prior to **September 16, 2017**.

All 5 participants will receive a goody bag and race T-shirt.

Check-in begins at **12:00**.

Prize will be given to the team that raises the most money. Trophies will be given to the winning race team, as well as the most creative (bed design/costumes).

#### **ENTRY DEADLINE:**

Before Saturday, September 16, 12:00 p.m.

#### **INSPECTION DEADLINE:**

Saturday, September 30, 12:00 p.m.

#### **RACE TIME:**

1:00 p.m.

#### **RACE ROUTE:**

Regner Park, West Bend

#### **Sponsored by:**



Schlegel Foundation  
Ziegler Foundation



## RULES & REGULATIONS

- Participants must be 15-years old or over.
- Each participant (guardian if under age 18) must sign a release and liability waiver.
- Each team must have 5 people to a team who actually race (4 runners, 1 rider and alternate, just in case).
- Rider must sit or lay flat on bed NO STANDING. Rider must be on the bed as long as the bed is in motion and may not help at any time in the propulsion of the bed. If rider falls off, bed must come to complete stop until rider is back on.
- Rider must wear helmet.
- No open toe shoes.
- No sleeping or snoring during race.
- No alcohol.
- No braking or steering devices allowed.
- Bed may have push bars not extending more than 4 inches out. Nothing sharp may be part of the bed.
- Pushing the bed only during the race. No pulling. NO MOTORS. Human power only.
- Any size wheels are permitted – bed must have minimum of 4 wheels one in each corner, all must touch the ground (2 stationary, 2 moving).
- All beds should have started as actual beds.
- All beds must be decorated (there is a contest of best decorated and great prizes!).
- All 5 team members must pass the finish line (with bed) in order to win.
- Team number/name must be displayed on bed (will receive at registration.)
- All beds will be inspected for compliance with the rules before allowed to enter a race. Beds that do not pass inspection will have an opportunity for correction. If correction cannot or is not made, the team will be disqualified with NO REFUND.
- Two beds will race at a time for the overall best time.
- All participants must display good sportsmanship. Foul language and obscene gestures will not be tolerated. Any team member guilty of such will be DISQUALIFIED from competition.
- Any team purposefully making contact with the opposing team's bed or members during the race will be automatically DISQUALIFIED.

All proceeds support Family Promise of Washington County's Emergency Shelter for the Homeless.



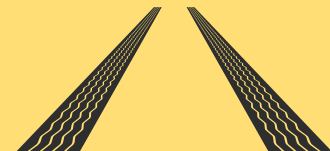
Family Promise®  
of Washington County

Building community, strengthening lives.



A Race  
for  
Karl's Place!  
The new emergency shelter for  
homeless singles.

September 30th, 2017  
12:00 pm-5:00 pm



## BED DESIGN RULES

- Decorated and themed beds are strongly encouraged. However, bed decorations cannot interfere with the line of sight of any pusher. Must be family friendly.
- Each bed must include a twin size mattress, headboard, and footboard.
- Beds must be a minimum of three (3) feet wide and five (5) feet long and must be able to support a twin size mattress.
- The bed must be at least 10 inches from the ground to the support frame.
- Each bed must include a safety restraint, harness or strap securely attached to the bed frame and easily accessible by the bed rider.
- Beds should not have any sharp edges.
- Each mattress must be securely fastened to the bed.
- If a bed breaks down you have 1 minute to repair it or be **DISQUALIFIED**.
- **Family Promise of Washington County reserves the right to disqualify or remove, at its discretion, any team, costume, or bed decoration that is deemed inappropriate.**



Registration forms available at  
[familypromisewc.org](http://familypromisewc.org)  
or

**Complete this form and deliver with  
donation to:**

Family Promise  
724 Elm Street  
West Bend, WI 53095

## TEAM REGISTRATION FORM

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### BED RACE WAIVER

In consideration of being permitted to participate in Family Promise of Washington County Bed Race 2017, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heir's and assigns, any and all claims, causes action, or liabilities which may hereafter accrue against Family Promise of Washington County and its affiliates, their agents, employees, volunteers, officers, directors, successors, that may arise as a result of my participation in Family Promise of Washington County Bed Race of 2017, including any and all claims for personal injuries caused by Family Promise of Washington County's Negligence.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me. (This information is protected by the Privacy Act). We also agree to the rules and regulations issued by the organizer.

### **This Section is to be read by parent/legal guardian if Participant is a minor:**

As the parent/legal guardian of the named participant, I hereby waive and release on behalf of my child any and all claims, and causes of action, or liabilities which may hereafter accrue against Family Promise of Washington County and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Family Promise of Washington County, the city of West Bend and any and all sponsors, their representatives and successors, by reason of my child's participation in said program, including any and all claims for personal injuries caused by Family Promise of Washington County's negligence. In addition, I accept full responsibility for the care and supervision of my child during the above-described runs.

BED PUSHER NAMES (Print)

SIGNATURES

\* Parent/Guardian signature also needed for any participant who is under 18 years of age.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

NAME OF BED RIDER

RIDER SIGNATURE (Helmet Must Be Worn)

5. \_\_\_\_\_