

Minor Waiver Release Form

Child's Full Name: Age: DOB:		
Parent/Guardian Full Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
permitted to utilize the Soap Box I my child and/or ward as a result o waive, and forever discharge and Inc., its sponsors, and/or all of the associates of any status whatsoev administrators, and assigns for all and/or ward, or property or resulting	Derby race track facilities in Akron, OH, if said use, I, together with my heirs, exe covenant not to sue the Local Soap Box ir officers, agents, members, employees er, all for the purpose herein referred to loss or damage, and any claim or damang in my death, whether caused by the i	the legal parent or guardian of dian, I agree to my son, daughter, and/or ward of being and in consideration of the benefits received by myself and acutors, administrators, and assigns, hereby release, to Derby, its sponsors, the International Soap Box Derby, s, full or part-time, insurers, lessees, lessors, and as Releasees, from all liability to me, my heirs, executors, age therefore, on account of injury to my person, child, negligence of Releasees or otherwise while I or my rving any Soap Box Derby and/or related event being held
or cost Releasees may incur due i		Releasees from any and all claims, loss, liability, damage, n Akron, OH while utilizing the above-described race track ces and/or events.
		operty damage due to any act or omission of Releasees illities and/or participating in and/or observing said Soap
		tended to be as broad and inclusive as permitted by the agreed that the balance shall, notwithstanding, continue
facilities and/or participate in and/or Releasees, their heirs, administrat nature, either in law or in equity ar property damage which may occu	or observe Soap Box Derby races and/o cors, and executors of and from any and ising from or by reason of any bodily inj r as a result of my, and/or my child/ward observation of Soap Box Derby races an	Vor my child/ward, to utilize the above described racetrack or events in Akron, OH release and forever discharge I every claim, demand, action, of whatsoever kind or ury or personal injuries known or unknown, death, and/or d's utilization of the above described race track facilities and/or events in Akron, OH or any activity in connection
		to reduce the spread of COVID-19; however, the ISBD er, attending any ISBD event could increase your risk of
group) may be exposed to or infectinjury, illness, permanent disability omissions, or negligence of the IS	eted by COVID-19 by attending an even of, and death. I understand and agree the BD, its employees, volunteers, participa	D-19 and voluntarily assume the risk that I (children, I, that such exposure or infection may result in personal at this release includes any claims based on the actions, ints or others, whether a COVID-19 infection occurs uidelines is subject to change based on state and local
you. You can revoke permission to	o mail to your email address at any time seriously (to see for yourself, please re	Dr. Akron, OH 44306, United States, permission to email using the Safe Unsubscribe link found at the bottom of ad our Email Privacy Policy located on our website).
Signature of Parent/Guard	 dian	Date

Updated: December 2020