

Minor Waiver Release Form

Child's Full Name:		Age: DOB:
Parent/Guardian Full Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

I hereby further agree to indemnify and to hold forever harmless the said Releasees from any and all claims, loss, liability, damage, or cost Releasees may incur due to my and or my child/ward's presence in

_____ while utilizing the above-described race track facilities, and/or participating in and/or observing said Soap Box Derby races and/or events.

I hereby assume all responsibility for and risk of bodily injury, death, or property damage due to any act or omission of Releasees while so I, or my child/ward, is utilizing the above described race track facilities and/or participating in and/or observing said Soap Box Derby races and/or events.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I, being of lawful age, as legal parent or guardian, in consideration of, and/or my child/ward, to utilize the above described racetrack facilities and/or participate in and/or observe Soap Box Derby races and/or events in

______ release and forever discharge Releasees, their heirs, administrators, and executors of and from any and every claim, demand, action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death, and/or property damage which may occur as a result of my, and/or my child/ward's utilization of the above described race track facilities and/or any participation in and/or observation of Soap Box Derby races and/or events in ______ or any activity in connection therewith, whether by negligence or not.

COVID-19 Release

The ISBD has put in place preventative measures to reduce the spread of COVID-19; however, the ISBD cannot guarantee that you will not become infected with COVID-19. Further, attending any ISBD event could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (children, I, group) may be exposed to or infected by COVID-19 by attending an event that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the ISBD, its employees, volunteers, participants or others, whether a COVID-19 infection occurs before, during or after participation in any ISBD sanctioned event. Event guidelines is subject to change based on state and local guidelines.

By signing this form you are granting Soap Box Derby, 789 Derby Downs Dr. Akron, OH 44306, United States, p ermission to email you. You can revoke permission to mail to your email address at any time using the Safe Unsubscribe link found at the bottom of every email. We take your privacy seriously (to see for yourself, please read our Email Privacy Policy located on our website). Emails are serviced by Constant Contact.