



Spirit of Somerset 2019

Soap Box Race

When: Saturday, September 21, 2019

Check In: 7:30 am – 8:30 am

Where: Old Rte. 6, Somerset

Fee: \$25

Boys & Girls Ages 5-12

Pre-Registration is required! NO Registration on race day!

Somerset Residents can register August 26 – September 16

Non-Residents can register September 2 – September 16

(You must have one of our kits or a car from last year to enter our race.)

All children who participate will receive a t-shirt & a medallion!!

If you have any questions regarding the race, feel free to contact

Somerset Recreation: 508-646-2808, George Giguere: 774-365-6624, or Josh Darlington: 508-558-9163

Registration

1. Payment must accompany this registration form. Please make checks payable to Town of Somerset.
2. Please mail applications to: Somerset Recreation, 140 Wood St., Somerset, MA, 02726
3. Please completely fill out all information on the registration form; this form can be used for multiple family members.

Printed name of adult signing waiver below: _____

Address: _____ **Town:** _____ **State:** ____ **Zip:** _____

Email: _____ **Home Phone:** _____

Business/Cell Phone: _____ **Emergency Contact Phone:** _____

Special Needs/Allergies: _____

Participant Name

Date of Birth

Waiver: In consideration of this application, I or my child, release the Town of Somerset, it's employees, agents, representatives, and other persons or organizations for whose conduct it is responsible from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damages resulting or arising from the use of premises, facilities, or equipment of the Town of Somerset, or caused in any way by the Town of Somerset, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or my child if needed. I will assume all costs. I have read the program policies and understand them.

Adult Signature: _____ **Date:** _____