# REGISTRATION #____

Eliminators Riverside Run

***Open to all special interest vehicles***

Amount Paid _____

***Cheque, PP, Cash***

Vehicle Year: _____Make: _____Model: _____

**Participant:** _____

(Surname) (Given name)

Plan to come to the social on Saturday Yes No

Number of Meals Purchased, $30.00 individual or $50.00 for a couple _____

*If under 19 years of age please have parent or guardian sign waiver.

Phone: _____ E-Mail: _____

**Club Affiliation:** _____ Distance Traveled: _____

Applicant hereby assumes any and all responsibilities for injury or damage caused by himself or any member of his party while participating in ELIMINATORS RIVERSIDE RUN and does release from liability for any such injury or damage, Eliminators Car Club and its members.

_____ _____

(Date) (Signature of Participant)

***If the participant is under the age of 19 years the following waiver must be signed by either a parent or guardian.***

As above participant is under the legal age I will be responsible for injury or damage caused by him/her or any member of his/her party while participating in ELIMINATORS RIVERSIDE RUN and does release from liability for any such injury or damage, Eliminators Car Club, and its members.

_____ _____

(Surname) (Given name) (Signature)