Family Promise of Grayson County 2019 Bed Race Team Member Consent to Race and Release of Liability

Team Member Informat	ion:		
First Name:		Last Name:	
Date of Birth:			
Address:			
City:	State:	Zip Code:	
-	omise of Grayson County R nust be read and signed by p	-	
I understand that racing are in good health and all on behalf of my heirs, as waive any and all rights f County (FPGC) and any o agents, volunteers and e liabilities, actions or caus participation in the activand assume full responsi	for me and/or my child to prequires a degree of physic ble to safely participate in the signs, personal representation claims for damages I may fitheir sponsors, and all the employees for any and all injustes of action sustained by mity. I knowingly and freely a dibility for me and/or my child other persons authorized by other persons authorized by me and/or my child other persons authorized by me and/or my child other persons authorized by the same and/or my child other persons authorized by the same and/or my child other persons authorized by the same and/or my child to present the same and/or my child to present the same and/or my child the same and/or my chil	al fitness, and I attement of kin, ives and next of kin, y have against Famileir respective officer juries, losses, claims assume all risks, both of participation.	st that I and/or my child self and/or my child and hereby and forever ly Promise of Grayson s, directors, subsidiaries, , damages, demands, s a result of my/his/her h known and unknown,
of posting about the eve and in the marketing or a include my and/or my ch	e activity. I agree FPGC may nt on their website, or social advertising for future event hild's name or any identifyin C and any of their authorize photographs or videos.	al media sites such a s. I understand that ng information when	s Facebook, Instagram FPGC agrees not to using the photographs
	HAVE READ AND UNDERSTA OWLEDGE THE SAME BY MY		
Signature		Printed Name	
	Relationship to Te	eam Member: Self	Parent or Guardian

Date