



## The Rules

We know you hate it but...

### Bed Design

- Beds must measure at least 3 feet by 6 feet, but no more than 6 feet by 8 feet – handles included. Mattress and pillows optional.
- Beds must be designed with four functional wheels of any size, making contact with the road surface at all times. NO motors or mechanical assistance is allowed, especially nitrous oxide or rocket systems! Yeah we know your tricks and what you're thinking!
- All beds will be inspected prior to racing for safety and/or mechanical issues.

### Racing Teams

- Racing teams shall consist of one rider and four runners (1 alternate can be used if needed).
- Company teams must be comprised of employees only or if from a nonprofit, staff or volunteers of the organization. If the company would like to lend their bed for high school teams to compete, those arrangements can be made and the kids will compete in the high school category.
- Racers under 18 must have parent/guardian sign waiver of liability. No racers 12 and under. Must be at least 13 years old.

### Safety

- All bed racers MUST sign the Waiver of Liability and acknowledgement of the Bed Race Rules and Regulations before participating in the race.
- Theme or costume attire is strongly encouraged, but make it tasteful. Costumes count when the judges are looking for most creative bed.
- All runners should wear athletic shoes suitable for street running.
- Alcohol Prohibited
- Rider must wear a helmet

### During the Race

- Bed riders must wear a helmet and sit or lie flat on the bed – save the surfing for the ocean!
- All runners/pushers must be in control of their bed until it comes to a complete stop, hopefully with all pieces intact!

- Teams should not interfere or impede the progress of an opposing team. Remember when your mother said, “Stay on your own side?” Well....stay on your own side!
- Two teams will compete against each other. Your team will get to race one time for timed trials and be seeded accordingly....you know, worst time against best time and all that good stuff. Once races begin it's a once and done. Beat the other team and you stay in. Lose...well great effort and we appreciate your participation in this fun loving soon to be Olympic sport...and to think it all started here in downtown Bedford!

## **Awards**

- Bedford Bucks will be given to the winning team so it pays to be in shape so you can take home some dough! The Bucks spend like cash in our downtown stores and restaurants.
- Cash prize will go to the People's Choice Award – Race Officials will post pictures of each bed/team on Facebook following the race. The team who gets the most likes by 9pm eastern on Sunday, May 5<sup>th</sup> will be declared the winner of this award! Another opportunity to roll in the dough!
- Additional trophies will be given to:

Best Engineered (let your employees/kids/all around garage tinkerer take on this project and get recognized!)

Most Creative Bed and Attire – that means ham it up for the bed parade in costume. When the races are set to start you can ditch the attire and get down to some serious racing.

•NOTE: Your safety is important to us.....cause we want you around to make this a yearly tradition. Please wear good running shoes. Flip flops and heels don't work out so well. Accidents may occur such as falling down on pavement, scrapes, bruises, tripping, collisions, etc. when you don't stay on your own side and if you have a clumsy teammate! So bottom line....we want you to have loads of fun but just be careful!



Downtown Bedford Inc.  
P O Box 286, Bedford, PA 15522  
Phone: 814.623.0048 Fax: 814.623.1175  
Email: manager@downtownbedford.com  
www.downtownbedford.com



## 2019 Bedford Bed Races Entry Form May 4, 2019

### Category of Entry

\_\_\_\_\_ Business/Organization (18 and older)

\_\_\_\_\_ High School (9<sup>th</sup>-12<sup>th</sup> grade)

Team Name \_\_\_\_\_

Team Captain Name \_\_\_\_\_ Phone \_\_\_\_\_

Team Captain Email \_\_\_\_\_

Team members' name, birthdate (including year), and if high school entry, include name of school and current grade.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Alternate Name \_\_\_\_\_ Birthdate \_\_\_\_\_

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

Please return this completed application and a check for \$50 made payable to DBI, no later than April 19, 2019.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION  
OF RISK AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the **2019 Bedford Bed Race and Parade** ("Bed Race") sponsored by Downtown Bedford Incorporated, on May 4, 2019, in Bedford, Pennsylvania, by my signature below, I agree as follows:

**ASSUMPTION OF RISK, WAIVER AND RELEASE**

I recognize, acknowledge and understand there may be certain inherent risks associated with the Bed Race. I voluntarily and knowingly agree to assume all risks involved with the Bed Race and by my signature below, I certify that I am medically able to participate in this activity. I also assume any and all other risks associated with participating in the event, including, but not limited to falls, contact with other participants, spectators or equipment, effects of the weather, including high heat and/or humidity, and the condition of the roads. All such risks are understood by me and I willingly and knowingly assume any and all risks in order to participate in the activity.

I RELEASE, WAIVE, and DISCHARGE Downtown Bedford Incorporated, its Servants, Agents and Assigns, or any other organization or entity assisting with the Bed Race, from any and all liability for damages, injury, death, or losses of all and every description, both foreseen and unforeseen. I further release Downtown Bedford Incorporated, its Servants and Agents, of and from any and all actions, cause of actions, claims and demands, costs or damages of action, or any nature and kind however caused directly or indirectly arising out of or incurred in connection with the activity. Further, I hereby grant full permission to use any photographs, videotapes, or images or any other record of this event for any purpose whatsoever now and in the future.

**INDEMNIFICATION**

I agree to indemnify and save and hold harmless Downtown Bedford Incorporated, its Servants, Agents and Assigns, or any other organization or entity assisting with the Bed Race, from any loss, liability, damage, claims, actions, costs, expenses and demands with respect to any injury, death, loss or damage to my person or property, with respect to injury, death, loss or damage to a third party or to his or her property, however caused, arising out of or in connection with my taking part in the Bed Race. **This Agreement shall be binding on me, my heirs, personal representatives, successors and assigns. I acknowledge having read this document. I have read this Agreement, fully understand its terms, understand that I may give up rights by signing it and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowable by law.**

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 2019

Team Member #1 Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Member #2 Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Member #3 Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Member #4 Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Team Member #5 Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Alternate Team Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

**PHONE NUMBER:**

**NOTE: If participant is UNDER THE AGE OF 18 YEARS this document must be signed by a parent or guardian.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 2019

**I have read this Liability, Disclaimer, Waiver, Release and Indemnity form and agree that it applies to:**

\_\_\_\_\_ (Name of Participant #1)

Parent /Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Name of Participant #2)

Parent /Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Name of Participant #3)

Parent /Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Name of Participant #4)

Parent /Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Name of Participant #5)

Parent /Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ (Name of Alternate)

Parent/Guardian Signature: \_\_\_\_\_