



2019 COMBINE DERBY REGISTRATION

Driver's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Pit Crew: 1. _____ 2. _____

3. _____ 4. _____

Combine(s) Description: _____

**Complete the section above and return to the Fairgrounds Office with \$100 registration fee (per combine) or mail to:
CCAIS, PO Box 311, Marshall MI 49068**

Do not sign below until the pre-derby meeting in the presence of CCAIS staff

RELEASE OF LIABILITY

In consideration of accepting the entry, the registrant (driver) and crew, intending to be legally bound for themselves and their heirs, executors, and administrators, hereby waive and release any and all rights for any injuries and damages they may have against the Calhoun County Agricultural & Industrial Society (CCAIS), elected or appointed officials of the CCAIS, its employees, agents, successors, and assigns, for any and all injuries or damages arising out of the Demolition Derby.

Furthermore, the participant (driver) and crew hereby acknowledge that this event is inherently dangerous, and injuries are possible.

Signatures:

Driver: _____ Date: _____

Pit Crew 1: _____ Date: _____

Pit Crew 2: _____ Date: _____

Pit Crew 3: _____ Date: _____

Pit Crew 4: _____ Date: _____

Witness (CCAIS Designee): _____