



Clinton OHDs - Bed Races Rules & Registration September 10, 2021... 5:30 to 7:30pm

- All team members 18 & over **MUST** sign “2021 Bed Race Waiver & Release Form” prior to race.
 - Applicants 13-17 require parent/guardian consent. No exceptions.
- 1 Entry to Bed Race is \$25.00. (**No payment necessary until August 1, 2021**).
 - 2 Bed Race course & pit staging area located on Union & Walnut Street intersection.
 - 3 Bed size must be a minimum 3ft wide & 6ft in length, mattress, headboard & footboard. Only twin, full, queen or king beds accepted. (no cribs/ bunkbeds)
 - 4 Bed must have 4 wheels, wheel size is not regulated.
 - 5 Motorized assistance is prohibited.
 - 6 Person riding/driving bed **MUST** wear a helmet at all times. (Please provide your own helmet).
 - 7 Bed Race team must consist of a 5 member team: 4 members dressed in costume pushing & 1 member in costume on bed the bed w/helmet.
 - 8 All teams are encouraged to decorate/theme their Bed Race entries representing your business, trade or team theme spirit.
 - 9 Push handle / bars are allowed, but NOT to exceed 18” from bed frame. (no jagged or sharp edges please... padding is allowed & encouraged)
 - 10 During the race, bed **MUST** maintain the specified course; intersection of Union & Walnut Street to Corcoran House.
 - 11 Beds not completing in the full course will be disqualified.
 - 12 All 5 team members **MUST** be with bed upon crossing the finish line.

Race Questions? Email... oldehomeday@gmail.com or
Call... 978.360.3291 (Mary)

Team Name: _____



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No exceptions. Visit www.oldehomeday.com for forms.

Team Captain's Name _____

Mailing Address _____

Home Phone _____

Email _____

Team Member 2 Name / Age _____

Team Member 3 Name / Age _____

Team Member 4 Name / Age _____

Team Member 5 Name / Age _____

Mail Registration Entry Form & Fee to:

Clinton Olde Home Days Committee
c/o Clinton Town Hall
242 Church Street
Clinton, MA 01510

Race Questions: Email: oldehomeday@gmail.com or
Call: 978.360.3291... Mary

Date Fee Received _____

Check # _____

Amount _____