

JOIN US
2017

35TH ANNUAL
GENESIS FIRECRACKER RUN
JULY 4, 2017 • EAST MOLINE, IL



HOSPITAL BED RACE

10:00 AM

The world famous Hospital Bed Races are back! The long awaited tradition returns again with a "Bang" for this years Genesis Firecracker Run. Teams of 5 members, (1 rider, and 4 pushers or "runners") will compete against each other on our out and back course. Ask your employer, college, political party, booster club, or service organization to sponsor your team!!

General Information:

- A team consists of 5 members. 1 rider, who must ride on the bed for the entire race, and 4 pushers or "runners".
- You **MUST** have a runner on each corner of the bed with at least one hand on bed at all times of the push segments.
- Pushers will push the bed down the street to the turn around and then come back to the finish area where the rider will jump out after the bed is completely stopped in the marked starting box, the rider will then compete in a short obstacle course, get back in the bed and the team will go another out and back lap to complete the race.
- The 'rider' is required to use a helmet of your choice (**not provided** by race), it can be a bicycle, motorcycle, skateboard, etc helmet.
- The bed and all team members must stay in their lane for the entire race.
- Team members can not interfere with opponents in anyway during the race.
- Decisions made by event staff are final. No ifs, ands, or butts!

Official Entry Form:

Entry Deadline: 3 July 2017
Entry Fee: \$20.00 dollars, non-refundable, non-transferable
Team Name: _____
Captain/Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #1: _____ Phone #2: _____
E-mail Address: _____
Secondary Contact Name: _____
Phone # _____
Email Address: _____

Bed Race Waiver of Liability:

This must be signed by all those participating in the event and returned to bed race officials the day of the race. In consideration of the acceptance of my application / entry form for the bed race, I hereby release all associated groups, sponsors, volunteers, Hospital Bed Race Committee, the City of East Moline, and any person, company, or organizations officially or unofficially connected with this competition, from all liability for any injuries or damages whatsoever arising from this competition event.

Captain: _____ Date: _____
Signature: _____

Team Members – ALL TEAM MEMBERS MUST BE 16 YEARS OF AGE OR OLDER

Name: _____ Date: _____
Signature: _____
Name: _____ Date: _____
Signature: _____
Name: _____ Date: _____
Signature: _____
Name: _____ Date: _____
Signature: _____

This waiver must be completed and turned in to bed race officials by: Monday, July 3rd, 2017
Please make checks payable to: FIRECRACKER RUN

Return completed form & Entry fee via US mail to:

FIRECRACKER RUN
ATTN: HOSPITAL BED RACE
733 15th Avenue, East Moline, IL 61244

Prizes:

The coveted traveling trophy with your team name on it!!!!
AND bragging rights for a WHOLE YEAR!!!