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2019

37TH ANNUAL  
GENESIS FIRECRACKER RUN  
JULY 4, 2019 • EAST MOLINE, IL

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# AQUENT HOSPITAL BED RACE

## 10:00 AM

The world famous Hospital Bed Races are back with a new sponsor, Aquent IT Solutions!

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 2019  
 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: Wednesday, July 3<sup>rd</sup>, 2019  
Please make checks payable to: FIRECRACKER RUN

**Return completed form & Entry fee via US mail to:**  
 FIRECRACKER RUN  
 ATTN: HOSPITAL BED RACE  
 733 15<sup>th</sup> Avenue, East Moline, IL 61244

### Prizes:

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