THE BOUNTY HUNT

STAR WARS™ CELEBRATION
ORLANDO • 2017

# BOUNTY HUNT PARTICIPATION FORM

Team Name: _____ Race (circle one): TH FR SU

Team Phone: _____ Team Captain's Email:_____

Team Roster

| | Print Name | Signature | Date |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

If any team member is under the age of 18, signature in box above must be of their parent or legal guardian.

In the event of an accident or injury while participating in The Bounty Hunt at *Star Wars* Celebration, I authorize Reed Exhibitions / San Diego Rocket Race / Lucasfilm / Disney to seek and obtain medical treatment. Furthermore, I agree to indemnify, defend and hold Reed Exhibitions / San Diego Rocket Race / Lucasfilm / Disney from any and all damages, losses, claims, liabilities, charges, suits, penalties, costs and / or expenses, including but not limited to court costs, attorneys' fees and expenses, resulting from any act (whether intentional or not), omission or negligence of any injury to my team or myself.

I agree to obey all applicable laws.

Finally, I agree that any judgments of the race organizers will be final.

Team Captain's Signature: _____ Date: _____

*Race Staff Use Only*

Team Number: 1 2 3 4 5 6 7 8 9 10 11 12

Finish Time: Final credits: Final Place: