



Tax ID #: 59-6000609

Car, Truck & Motorcycle Show Registration

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Year/Make/ Model: _____

Email: _____

Categories: Check all that apply:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Ford- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Mopar- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Chevy- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Corvette- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Import- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Other- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Motorcycles- | <input type="checkbox"/> (Prior to 1980) | <input type="checkbox"/> (1980 to Present) |
| <input type="checkbox"/> Hot Rod | | |

Entry Fee: \$10.00 (Pre Registered), \$15.00 (Day of Show)

Make checks payable to: **Flagler Palm Coast High School**

c/o FBLA

5500 East Highway 100

Palm Coast, FL 32164

<http://flaglerschools.com/fpchs/activities/fbla/car.html>

fbla@flaglerschools.com

Other side of form must be completed in full.

District School Board of Flagler County

This is a release, read carefully!

Name: _____

Date of Event: _____

Location: _____

RELEASE WAIVER OF LIABILITY: _____, hereby release, waive, discharge and covenant not to sue the District School Board of Flagler County, its board members, directors, officers, agents and employees for all liability for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore which the above-named person may have against the District School Board of Flagler County arising out of or in any way connected with the above-named person's use of the _____. **I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY AND ALL CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF THE DISTRICT SCHOOL BOARD OF FLAGLER COUNTY. _____ FURTHER AGREE TO INDEMNIFY THE DISTRICT SCHOOL BOARD OF FLAGLER COUNTY OR ANY BOARD MEMBER, DIRECTOR, OFFICER, AGENT OR EMPLOYEE FOR ANY LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CONDUCT WHILE USING _____.**

RELEASE: In consideration I agree that the District School Board of Flagler County, their board members, directors, officers, agents, employees and volunteers, and their insurers upon whose property this activity is conducted shall have no liability of any nature for any and all claims based on negligence, action or inaction of the District School Board of Flagler County for any property damage or bodily injury while participating in _____.

I have read this release and understand that by signing this document I express my intent to waive valuable legal rights including any and all rights I may have or now have against the District School Board of Flagler County, their board members, directors, officers, agents, and employees.

NOTARY SECTION:

This form must be signed in front of a Notary.

Signature _____ Date _____

Address: _____ Phone _____

NOTARY PUBLIC, STATE OF FLORIDA
COMMISSION EXPIRES _____

TYPE, PRINT, OR STAMP NOTARY NAME: MY

DO NOT SIGN THIS RELEASE UNLESS YOU COMPLETELY UNDERSTAND THAT YOU ARE GIVING UP POTENTIALLY VALUABLE RIGHTS.