

Rock of Ages Car Show

*August 12, 2023*

Rock of Ages

15600 SW Rock of Ages Road

McMinnville, OR 97128

Registration Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State/Zip

Vehicle Info: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Year Make Model Color Plate#

E-mail (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $15 Entry Fee: \_\_\_\_\_\_\_

Release and Waiver of Liability

On behalf of the entire group participating in the 2023 Rock of Ages Car Show, I assume all risk of bodily injury, property damage, and personal damage that may occur by participating in the Rock of Ages Car Show and, for myself/ourselves, their heirs, executors, and administrators, do hereby forever waive and release any and all claims against and agree to hold harmless Rock of Ages/Valley View, and the Rock of Ages Car Show. Its committee, sponsors and volunteers, and the City of McMinnville with their respective officers, employees, agents, representatives, volunteers, successors or assigns any kind from any and all claims which may be made for any cause whatsoever arising as a result of participation. Further, I hereby consent to allow my picture or likeness to appear in any official document, news release, sponsor advertisement, and grant permission to use and/or publish photographic portraits, or pictures, video tape or film of me in which I may be included in whole, part, composite or reproductions thereof in black and white and/or color or otherwise made through any media now known, for art, advertising trade or any other similar lawful purposes whatsoever, including the publicity and promotion of this event itself, including commercial use of or by marketing sponsors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date