

No. \_\_\_\_\_



## REGISTRATION FORM

To participate in the Canton Carnival of Wheels, you must complete and sign this form.

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

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vehicle Year, Make and Model: \_\_\_\_\_

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In consideration for participating in the Canton Carnival of Wheels vehicle show on the campus of Stark State College on Sunday, September 7, 2025 or the rain date Sunday, September 14, 2025, the undersigned attendee, by signing this FORM, hereby agrees to assume all risks to hold harmless, indemnify, and release the Canton Carnival of Wheels Inc., Stark State, Kent State Stark, event organizers and volunteers, Stark County and Jackson Township trustees, officers, agents and employees from all liability for damages and injuries sustained by me and my guests.

I agree to operate my vehicle in a safe and courteous manner and adhere to the rules and regulations of the show management/organizers.

I agree to allow Canton Carnival of Wheels, Inc. to take and publish pictures of my vehicle.

Invalidation of any part of this release language does not invalidate the entire agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_