



REGISTRATION FORM

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

Information below will be used for tracking the number of participants who attend and will **NOT** be used for solicitations of any kind.

Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Vehicle Year: _____

Vehicle Make & Model: _____

License Plate Number and State: _____

E-Mail Address --- Used by CCOW only to send next year's Flyer to you early.

In consideration for participating in the **Canton Carnival of Wheels** vehicle show on the campus of Stark State College on Sunday, September 13, 2020, 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 in displaying my vehicle.

My vehicle is fully insured with _____ Insurance Company.

I agree to allow Canton Carnival of Wheels, Inc. to take any pictures of my vehicle and publish said pictures in any manner they wish.

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

Signature: _____

Date: _____

Please check **only** how you **FIRST LEARNED** about this year's show.

Radio: _____ E-mail: _____ Cruisin' Times Magazine: _____ Word of Mouth: _____

Flyer: _____ Newspaper: _____ CCOW Website: _____

Other Website (name): _____ Identify Other Source: _____