

Entry

Combat Air Museum's

Registration Form - 4th Annual Car Show Sun, October 6th, 2024 - 10AM to 2PM (Rain or Shine)

Please print clearly

Participant Information:			
Full Name:			
Address:			
	State: ZIP Code:		
Phone Number: () Email Address:			
Please print clearly			
Vehicle Information:			
Year: Make:	Model:		
Class (Select one):			
☐ Best Ford (\$25)	□ Best Truck (\$25)		
☐ Best Mopar (\$25)	☐ Best Jeep (\$25)		
☐ Best AMC (\$25)	☐ Best Custom (\$25)		
□ Best GM (\$25)	☐ Best Motorcycle (\$25)		
☐ Best Import (\$25)	☐ Best Bicycle (\$15)		
☐ Best Paint (\$25)			
(the "Vehicle") in the Car Show for recognition and the opportunity to damage to my Vehicle arising out of the display of my Vehicle at the Combat Air Museum, Inc., (the "Museum") by reason of any damage the Museum, their officers, directors, employees, members, and agen including providing a defense and the payment of all costs and fees a Show and; I do hereby consent to the taking and publishing of a pictu	lity or liability from any damages to vehicles, participants, spectators, he right to remove or refuse any vehicle and/or participant deemed mbat Air Museum Car Show and to display my vehicle described above be selected for an award: I, as Vehicle owner, assume all risk for any Car Show, and do, by this Agreement, agree to release and waive the to my Vehicle and; I do release, hold harmless, and agree to indemnify its from any and all claims, suits, awards, judgments, and liabilities, rising out of or in connection with the display of my Vehicle in the Car re of myself and my Vehicle at or during the Car Show by the Museum the laws of the State of Kansas, with coverage for property damage or ising out of the operation of the Vehicle and participation in the Car and understanding to execute this document for and on behalf of		