



INSURANCE
TRAVEL
AUTOMOTIVE
REWARDS



CAR # _____
Number will be assigned at Registration



The Labour Day Show N' Shine Registration Form

PLEASE PRINT CLEARLY

Contact Information

Full Name: _____

Email Address: _____ City: _____

Phone Number: _____

Car Information

Make of Car: _____

Model of Car: _____

Year of Car: _____

Car Club Member: Yes No

Car Club: _____

AGREEMENT & WAIVER:

Please read carefully: Yes, I would like to submit my automobile(s) for consideration for entry to the Access Communications Labour Day Show N' Shine. I agree to release and indemnify Access Communications Co-operative Limited, its Board members, volunteers, sponsors, and staff, collectively and separately, from any and all liability arising from personal injury and/or property damage incurred by my vehicle, guests and/or myself while participating in this event. Furthermore, I agree to permit the use of my name and/or images of my automobile for promotional or educational purposes to benefit Access Communications Co-operative Limited.

I have read the above agreement and waiver.

_____ Date

_____ Signature