

**34th Annual Lexington Kiwanis Club  
Davidson Pediatrics**

# **DIAPER DERBY**

**Friday, September 22, 2017**

**6:00 P.M. - Place: Cattle Arena**



**Prizes provided by Davidson Pediatric & Adolescent Medicine  
741 Vineyards Crossing, Lexington, NC 27292 -- (336) 300-8594**

**1st Prize: \$50 Gift Certificate**

**2nd Prize: \$25 Gift Certificate**

**3rd Prize: \$15 Gift Certificate**



## **DIAPER DERBY RULES**

1. Entries cannot be any older than 12 months - NO EXCEPTIONS WILL BE MADE - BABIES MUST NOT BE ABLE TO WALK.
2. Entries must be residents of Davidson County, NC.
3. To enroll your baby, contact **Wayne Alley at 336-250-2961** or **waynealley@gmail.com**
4. Participants must be at the cattle arena by **5:30 p.m. on September 22, 2017.**
5. Only two people may accompany the baby at the "Race Track".
6. At no time can the parent or guardian enter the boundaries of the "Race Track" or touch the child after the race has started. No toys are allowed on the race track.
7. If any part of the child goes off the carpet, the child will be disqualified.
8. Babies will crawl the length of the "Race Track" which will be 10' x 20'.
9. Should there not be a winner at the end of three minutes in each heat, the baby closest to the finish line will be declared the winner of that heat.
10. Each baby is required to wear a pamper type diaper.
11. No parents or spectators will be allowed to stand around the sides of the track.
12. For further information contact **Wayne Alley between 8:00 a.m. and 4:30 p.m. at 336-250-2961 or waynealley@gmail.com.**
13. All PRIZES will be awarded following the last Heat of the Diaper Derby event.

# DIAPER DERBY APPLICATION

Baby's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

E-Mail \_\_\_\_\_

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## *WAIVER AND RELEASE OF LIABILITY*

In consideration of the risk of injury while participating in the Diaper Derby (the "Activity"), and as consideration for the right of my child to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Lexington Kiwanis Club, Davidson County Agricultural Fair, Inc., and Davidson Pediatrics and Adolescent Care, located at Davidson County, Lexington, North Carolina 27292, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Parent or Guardian of: \_\_\_\_\_