



Captain James A. Lovell
Federal Health Care Center

Presents the 11th Annual
CAR SHOW

for Veterans

Saturday, July 19th, 2014
1 p.m. to 3 p.m.



Registration begins @ 11:30 a.m.
REGISTRATION AND RELEASE

Name _____

Car: Year _____ Make _____ Model _____

Address _____

City _____ State _____ Zip _____

RELEASE: I accept and assume full liability for any injury or loss to me or my property, agents or employees at anytime, from any cause in connection with this event. I expressly release Department of Veterans Affairs from any liability for such loss or injury, and agree to provide and pay for my own insurance. I agree that I will have any belongings from my space removed from the premises within 2 hours after the show closes. I also, hereby agree to allow the North Chicago VA Medical Center or its assignee's the right to use photos of me, my exhibit, my name and any other information regarding my participation in this event, in future press releases, advertising and television, radio, magazines, newspapers, and related publications. I understand that weapons, pornographic material, alcoholic beverages or any items the VA Medical Center deems inappropriate, will not be permitted. I understand that a show car may not be offered for sale. (If exhibitor is under 18 years of age, parent or guardian must sign for exhibitor).

SIGNATURE: _____ DATE: _____