



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



JULY 28, 2018

FULL NAME \_\_\_\_\_

CHECK-IN STARTING

D.O.B. \_\_\_/\_\_\_/\_\_\_

GENDER F M

AT 7AM

PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-MAIL \_\_\_\_\_

RACE STARTS

SHIRT SIZE: ADULT XS S M L XL 2X

AT 9AM

CHILD XS S M L XL

FEE: \$25-6/30/18

EMERGENCY CONTACT \_\_\_\_\_

\$30 AFTER!

PHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_

COOK-OUT TO FOLLOW RACE!

In return for the allowing the above mentioned participant to take part in the above mentioned event, to be legally bound, release and forever discharge the Tri-County YMCA of the Ozarks, their agents, representatives, successors, and assigns from any claims for damages, including any claims for loss, damages or injury to the participant's person or property arising out of the participant's performance or failure of performance. If the undersigned has doubts about the physical condition of said participant, a physical examination is recommended. In addition, the undersigned hereby authorizes any first aid, medical treatment deemed necessary in case of emergency for said participant during the above mentioned program and give permission for emergency treatment, x-rays, or surgery as recommended by the attending physician. I/We assume full financial responsibility for any and all medical care for said participant.

Any pictures or video of participant during the above mentioned event may be used for promotional purposes of the YMCA activities and programs

SIGNATURE \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

PARENT SIGN IF UNDER 18 \_\_\_\_\_

PARENT TYPE FULL NAME \_\_\_\_\_