ON-SITE REGISTRATION FORM	
Last Name	First Name
E-mail Address	Phone #
Street Address	
City	State/Zip Code
Date of birth	Male / Female (Circle one)
Additional Family Members being Registe	ered (Name/Date of Birth/Age as of 10/14/2012)
release any and all right and claims for damages Fairport High School and all of their agents assisti any and all injuries to me or my personal prope	ntry, I, the participant, intending to be legally bound and hereby waive of or injuries that I may have against the Event Director, Moms In Motioning with the event, sponsors and their representatives and employees for erty. This release includes all injuries and/or damages suffered by meand and understand that this release is binding on my heirs, executors
the completion of this event and that a licensed	nitted to enter this race that I am physically fit and sufficiently trained for I Medical Doctor has verified my physical condition. By submitting this an for all children under 18 years) having read and agreed to the above
☐ By checking this box, I agree to the w register these participants and agree to the	aiver and that I am 18 or older, or that I have the authority to ne waiver for them.
	TRON ANGEL
Signature	
Form of novement	
Form of payment ☐ Check #	Heather Boyum Memorial Iron Angel Run/Walk
□ Cash	Heather Boyum Memorial Iron Angel Run/Walk
	October 14, 2012 Fairport High School
	Fairport NV 14450

Total # participants