

INDIVIDUAL REGISTRATION FORM FOR **2nd ANNUAL HHS SOFTBALL SLAPOUT STRIKEOUT 5K** **& 1 MILE DASH**

AND BENEFIT FOR TORI EILAND/CHILDHOOD LEUKEMIA

SATURDAY JANUARY 14, 2017 8:30Am

COMPLETE REGISTRATION AND MAIL TO:

HOLTVILLE HIGH SCHOOL SOFTBALL BOOSTER CLUB, ATTN: DARRYL OTWELL, 10425 HOLTVILLE RD, DEATSVILLE, AL 36022

PLEASE MAKE CHECK OUT TO HOLTVILLE HIGH SCHOOL SOFTBALL BOOSTER CLUB

EARLY 5K REGISTRATION (OCT 1, 16-JAN 4, 17) INCLUDES RACE SHIRT	25.00	
CIRCLE SIZE: YOUTH: YS YM YL YXL ADULT: AS AM AL AXL AXXL		XXX
LATE 5K REGISTRATION (JAN 5-RACE DAY) NO SHIRT	25.00	
1 MILE DASH 10.00 (KIDS 10 & UNDER RECEIVE GOODIE BAG WITH EARLY		
OR LATE REGISTRATION)		
EXTRA SHIRT ORDERS: CIRCLE SIZE AND WRITE QUANTITY: 15.00 EACH		
YOUTH: YS__ YM__ YL__ YXL__ ADULT: AS__ AM__ AL__ AXL__ AXXL__		

TOTAL AMOUNT ENCLOSED _____

Name: _____ ***Age:** _____ ***M/F:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

RELEASE OF LIABILITY

IN CONSIDERATION FOR BEING ACCEPTED BY HOLTVILLE HIGH SCHOOL OF DEATSVILLE, AL, AS A RACE PARTICIPANT, I _____, DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS, THE ELMORE COUNTY BOARD OF EDUCATION AND HOLTVILLE HIGH SCHOOL FROM ANY AND ALL LIABILITY, CLAIMS OR DEMANDS FOR PERSONAL INJURY, SICKNESS, DEATH, DAMAGE, AND EXPENSE AS A RESULT OF PARTICIPATION IN RECREATION AND WORK ACTIVITIES INVOLVED. FURTHERMORE, I HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE, AND EXPENSE AS A RESULT OF PARTICIPATION IN RECREATION AND WORK ACTIVITIES INVOLVED THEREIN. I HEREBY ALLOW MYSELF TO BE TAKEN TO A DOCTOR OR HOSPITAL AND AUTHORIZE MEDICAL TREATMENT INCLUDING BUT NOT LIMITED TO EMERGENCY SURGERY OR MEDICAL TREATMENT AND ASSUME THE RESPONSIBILITY FOR ALL MEDICAL BILLS, IF ANY.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____ PHONE: _____