

Use this form to  
Pre-register via US  
Mail  
(Registering in  
advance saves \$5.00)

## PRE-REGISTRATION FORM

Bib # \_\_\_\_\_



April 28, 2019

Thomas College: Registration/check in from 7:30am – 8:45am race starts at 9:00am

(Early Check in day on Saturday, April 27 from 2 to 4pm)

A benefit for the Sexual Assault Crisis & Support Center

### PARTICIPANT INFORMATION (\*required)

\*Name: \_\_\_\_\_ \*date of birth \_\_\_\_\_ \*Age: \_\_\_\_\_

\*Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

TEAM: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION (IF UNDER 18)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Race Fees (Pre-registration)

Age 0 – 12 = \$10 (whether on a team or not)

Age 22+ = \$25 (not on a team)

Age 13 – 21 = \$15 (whether on a team or not)

Age 22+ = \$20 (on a team)

Donation: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ Paid with: Check/Cash/Credit Card

(Make checks payable to SAC&SC)

## **LIABILITY WAIVER FORM**

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Sexual Assault Crisis & Support Center, and its employees, Thomas College, and its employees, Audio Systems Inc./DBA Back 40 Events and its employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Maine.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

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\*Signature

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Print Name

April 28, 2019

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Parent's Signature

(If participant is under 18)

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Parent's Printed Name



P.O. Box 417, Winthrop, ME 04364

207-377-1010

[www.silentnomore.org](http://www.silentnomore.org)