

Name of Participant *

First

Last

Gender *

Male

Female

Age *

Address *

Address Line 1

Address Line 2


City

Washington 

State

Zip Code

Phone *

 (201) 555-0123

Email *

Comment or Message (Allergies, Health Conditions, etc.) *

Fun Run Child Entry

Price: \$10.00

Payment (Credit Card) *

Card

Name on Card

Release of Liability *

I Agree

Release of Liability: I wave and release all claims that might have been brought against DPSIC and agents, for any and all injuries or losses, which may be suffered because of my participation or my child's participation in the above activity, in consideration of permission of DPSIC to participate in the activity. I consent to my child's participation in this activity and authorize the organization to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions, which would interfere with his/her participation.

Signature *