

Sled for RED Registration Form
February 10th – 4 pm registration – 5 pm derby

Name: _____

Address: _____

City-State-Zip: _____

Email: _____

Phone: _____ **Type of Phone:** _____

Team: _____

Team Captain: _____

Please read and sign...

I understand that by signing this document that I agree to hold harmless AIDS Community Resources including its employees, volunteers and agents; all sponsoring organizations; and any other parties connected to this event in any way, singly or collectively, from and against any blame or liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered as a result of participation in this event or any activities associated herewith, whether or not caused by the fault or negligence of any of them. I hereby give my permission to AIDS Community Resources, its successors or assigns, to use my photograph whether still, motion, or television in any legal manner whatsoever.

Signature: _____

Signature of Parent
(if under 18): _____

