

# AMAZING RACE FOR CHARITY.com

Race Date: April 1, 2017 Location: Eustis, Florida

## TEAM REGISTRATION (Two Per Team)

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

DIVISION (Circle One): *Male/Male*    *Female/Female*    *Male/Female*    *Parent/Child*    *Corporate Cup*

NAME 1: \_\_\_\_\_ NAME 2: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE (S-2XL): \_\_\_\_\_ SHIRT SIZE (S-2XL): \_\_\_\_\_

### PLEASE READ THE WAIVER AND SIGN BELOW:

I, the undersigned, waive and release myself, my heirs, executors and administrators, any and all rights and claims for damages, demands and any other actions whatsoever, which I may have against the race organizers, host Government entities, all participating sponsors and supporters of those entities, successors, representatives and assigns, arising out of my participation in this event. This includes any and all injuries suffered by me as a result of my participation in this event and or damage to my personal equipment. I consider myself adequately trained for the completion of this event. Should I suffer an injury or illness, I authorize officials of the emergency services to use their discretion to have me medically treated and transported to a medical facility and I solely take full responsibility for this action and all my actions related to this event. **YOUR PARENT OR GUARDIAN MUST SIGN IF YOU ARE UNDER 18**

#1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT DETAILS** Please make your check for \$125 per team  
payable to **LIFE STREAM BEHAVIORAL CENTER FOUNDATION**

Please include a check or money order for the registration amount and mail to:

**Amazing Race for Charity**

PO Box 1268

Eustis, Florida 32727

You may also register online at [www.amazingraceforcharity.com](http://www.amazingraceforcharity.com)