



ENTRY FORM

NAME: _____

EMAIL _____

ADDRESS: _____

(PHONE) DAY: _____

NIGHT: _____

GENDER (*circle one*): Male/Female AGE: _____ T-SHIRT SIZE (*circle one*): S M L XL

TEAM NAME: _____

TEAM MEMBERS:

1. _____

2. _____

3. _____

4. _____

TEAM COLOR: _____ (*The team color is chosen by the entrant. All team members must have on the same color in some way on race day, i.e all wear red shorts, shirts or bandanas, etc.*)

****Please carefully read over the following information before signing at the bottom.****

Activity Agreement / Waiver

The undersigned agrees to abide by the rules of the Lakeshore Foundation, including the completion of the above medical questionnaire.

The undersigned agrees that all use of the Lakeshore Foundation's facilities, transportation, services and programs shall be undertaken at his (her) sole risk and the Lakeshore Foundation shall not be liable for any injuries, accidents or deaths occurring to the undersigned, arising either directly or indirectly out of utilizing the Lakeshore Foundation's facilities, transportation, services and programs. The undersigned, for himself (herself) and on behalf of his (her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants us to sue Lakeshore Foundation, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of the Lakeshore Foundation facilities, transportation, programs and services.

See other side of page

The undersigned declares that they have completed this questionnaire as required by the Lakeshore Foundation and that they declare they are physically able to participate in physical activity. Furthermore, the undersigned declares that the Lakeshore Foundation has advised him/her to obtain a medical clearance in the event they answer yes to any of the medical history questions, or if they are unsure of their physical health and maintain that they are physically capable of pursuing physical activity in the Lakeshore Foundation without such steps being taken or has done so.

The undersigned gives Lakeshore Foundation permission to provide transportation for the above-named participant during this activity while in the protection of any staff/employee of the Lakeshore Foundation.

Signature (Parent or Guardian if under 19 years of age): _____

Date: _____



***Fax this form to: Jen Remick @ 205.313.7475 or email it to jenr@lakeshore.org.
Once we receive all your registration materials, Lakeshore Foundation will provide you with more detailed race-day information.**