

LOVELAND'S AMAZING RACE SATURDAY JUNE 20TH, 2009

MAIL IN REGISTRATION FORM. ALL RACE DETAILS, REGISTRATION DEADLINES AND
PRICES ARE AT WWW.LOVELANDSAMAZINGRACE.COM

TEAM NAME _____

Team

Member #1 Name _____ Age ____ Sex M F Shirt: S M L XL

Team

Member #2 Name _____ Age ____ Sex M F Shirt: S M L XL

Division: Parent Child Male Male Female Female Male Female

Team contact:

Name _____ Phone _____

Email _____

Street _____ City _____ State _____ ZIP _____

MAKE CHECKS PAYABLE TO LOVELAND'S AMAZING RACE AND MAIL TO:

Loveland's Amazing Race care of Don Connolly 1445 Sigma Circle
Cincinnati, OH 45255

WAIVER: 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, the City of Loveland, all participating sponsors and supporters of those entities, successors, representatives and assigns, arising out of my participation in this event. Including any and all injuries suffered by me as a result of my participation in this event. 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 take full responsibility for this action.

Team Member #1 signature _____

Team Member #2 signature _____

Parent if entry under 18 _____

Emergency contact _____ Phone _____