



REGISTRATION FORM

| | | |
|-----------------|-------------|---|
| Name: | Birth Date: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Street Address: | | City: |
| State: | Zip : | Email Address: |
| Home Phone: | | Cell Phone: Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Choose One:

| | | | | | | | |
|----------|------------|---|---|---|----|-----|------|
| T-Shirts | Youth Size | S | M | L | | | |
| T-Shirts | Adult Size | S | M | L | XL | XXL | XXXL |

| | | |
|-------------------------|---|-------------|
| Emergency Contact Name: | Home Phone: | Cell Phone: |
| Email Address: | Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: | Home Phone: | Cell Phone: |
| Email Address: | Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

In an emergency when Emergency Contact cannot be reached, please contact the following:

| | | |
|-------|----------|----------|
| Name: | Phone 1: | Phone 2: |
| Name: | Phone 1: | Phone 2: |

Please list any Allergies :

Please list other medical conditions:

Registration and Waiver Release Form

I understand that there are risks of injury or death or damage to property involved in my participation in such an event, that it is my responsibility to insure the safety of the equipment used and to see that it is operated properly, and that the Catalysts 4 Communities Alliance Inc and its staff and representatives assume no responsibility for the condition of such equipment, its operations, or safety of the activities involved in this event. In consideration of the acceptance of this registration by the C4CA INC, I waive and release and hold harmless the C4CA INC and its staff and representatives from any and all claims of damages against the C4CA INC and its staff and representatives for injury, or death or damage to property that may occur as a result of or in connection with this event and agree to pay, protect, indemnify and save against all liabilities, damages, costs, expenses, causes of action, suits, demands, judgments and claims of any nature whatsoever arising from, by reason of, or in connection with any injury or death of persons or damage to property arising from, by reason of or in connection with my participation in this event.

I further understand that such an event requires all participants to be in good health and without physical limitations and I certify that I am in good health and have no physical limitations.

I also give permission for Catalysts 4 Communities Alliance Inc to take my photograph to be used in future publications.

**Participant
Name:**

City:

State:

Participant Signature

Date