

4TH ANNUAL PUSH-UP COMPETITION



A Fundraising Event To Rescue More Lost Children

Registration Form *All Fields Required*****

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Male _____ Female _____ Event Day Age _____

T-Shirt Size Small Medium Large XLarge XXLarge

Team Members Names _____
(If Applicable)

I Can Bring a Volunteer Day of Event Yes _____ No _____

Name of Volunteer _____ Phone Number _____

Release and Consent Statement

In consideration of the acceptance of my/my child's entry, I for myself/my child do hereby release and discharge the organizers of the 4th Annual Push-Up Competition Fundraising Event and all sponsors, the place of event, as well as the Commonwealth of PA, of all claims, damages, actions, and all liabilities whatsoever in any manner arising out of my/my child's participation at said event. I attest and verify that I have knowledge of the risks involved in this event and I am/my child is physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any of the foregoing use of my/my child's name, photographs, videotapes, and motion pictures, recordings of any other record of this event for any legitimate purpose without compensation or remunerations.

I agree to the Release and Consent Statement.

Participant's Signature

Date

Parent/Guardian Signature (If Under 18)

Date

Please Return This Form To:
Push-Up Competition
C/O Nicole Raspotnik
539 Fred Rogers Drive
Latrobe Pa 15650

724-537-6970
www.AAFLC.org

