

# RED BUG HILL CHALLENGE MAIL IN REGISTRATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Entry fee enables you to do any/all of the 10 events, as time allows, from 9:00 a.m until 12:00

Youth 16 and under (any event)	\$10.00	_____
Adult, 17 and above (games only)	\$25.00	_____
Cycling	\$35.00	_____
5K Trail Run	\$25.00	_____
DONATION		_____
<b>TOTAL</b>		_____



I know that cycling/running is a potentially hazardous activity. I should not enter and cycle/run unless I am physically fit, medically able, and properly trained. I understand that helmets are required for all cycling events. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I hereby certify I am in good health, and I have trained to complete the distance of the event that I am entering. I assume all risks associated with cycling/running in this event, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this event, I, for myself and anyone entitled to act on my behalf, waive and release all of those involved with the event from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, videos, or any other recording of this event for legitimate purpose. I understand that music devices of any type are not allowed in this event and I will abide by this rule.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian if under 18

Please make checks out to Spina Bifida of Greater New Orleans and mail to  
Marie Rourke  
P. O. Box 288  
Wakefield, LA 70784