

Registration for 2017 S.O.B.RUN

Driver

Rider

Name _____

Name _____

Address _____

Address _____

Town _____

Town _____

State _____ Zip Code _____

State _____ Zip Code _____

Phone _____

Phone _____

Email Address _____

Email Address _____

Release of Personal Injury/Liability

I, _____ and/or _____ will be participating in the 14th Annual S.O.B. RUN. As the undersigned participant (Releaser) does hereby, for Releaser and Releaser's heirs, executors, administrators, and personal representatives, release and forever discharge Parents Association for Cerebral Palsy Children, Inc. DBA Shady Oaks Camp and Release's heirs, executors, administrators, and personal representatives, from any and all manner of claims, demands, causes of action or suits the Releaser might now have or that might subsequently accrue to Releaser by reason of any event, matters, or things whatsoever, and particularly growing out of or in any way connect with, directly or indirectly, that certain event identified herein which has or will occur on or about July 23, 2017. I give my permission to use any photos taken to be use in future promotions for Shady Oaks Camp.

Driver: Cost \$ 25.00 (After July 1st)

Rider: Cost \$ 20.00 (After July 1st)