

# The Great Chazy Treadmill and Running/Walking Challenge

## Registration Form

Name of Participant: \_\_\_\_\_

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

I would like to be a member of a team.

Team Name: \_\_\_\_\_

Assign me to a team.

I am a walker

I am a runner

I certify that I am at least 18 years of age.

If under age of 18, parent must provide sign below to grant permission to participate.

I affirm that I have read and understand the registration information presented, and certify that in consideration of my application for participation being accepted, I or the guardian of the applicant agree to release Chazy Central Rural School from any and all injuries suffered by me by participating in this program.

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

Participant's Name (Print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Provide any comments or suggestions below: