



NAME: _____

AGE: _____ **SEX:** _____ **CITY, STATE:** _____

EMAIL _____

EMERGENCY CONTACT (NAME AND PHONE):

FEES:

\$20 POSTMARKED BEFORE SEPTEMBER 10

\$25 ON SEPTEMBER 10 AND EVENT DAY

MAKE CHECK PAYABLE TO "**BLUE PANTS RACING**" AND MAIL IT TO:

P.O. BOX 41832, TUCSON, AZ 85717

Waiver: In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors, and administrators, waive any and all rights, claims for damages I may have against Blue Pants Racing, City of Tucson, Tucson Unified School District, the event organizers all event sponsors and all individuals associated with the event. None of the above are responsible for the loss of personal items, any form of aggravation in connection with event. I have been warned I must be in good physical health to participate and do not hold event liable for any problems associated with my physical condition. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

SIGNATURE, DATE _____