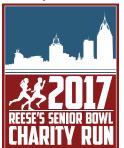
PRESENTED BY: Wells Fargo & Blue Cross Blue Shield of Alabama



PARENT/GUARDIAN'S SIGNATURE (print name)

OFFICIAL ENTRY FORM

SENIOR BOWL CHARITY RUN • SATURDAY, NOVEMBER 4, 2017

PLEASE MAIL ENTRY FORM AND PREFERRED PAYMENT TO:

Senior Bowl Charity Run • 151 Dauphin Street • Mobile, Alabama 36602

PLEASE COMPLETE ALL INFORMATION ON FORM

CHANIII NON	PLEASE COMPLETE ALL INFORMATION ON FORM	
Last Name (Please print)	First Name	Middle Initial
Street Address (Street and	Number) City	
State Zip code	Telephone Number Age on Race Day Date of Birth Male	Female
Email Address:		
Check one only: 10K	5K I Mile Fun Run Check one only: Runner Race Walker Wheelchair ((10K only)
T-SHIRT S	SIZE: REGISTRATION DEADLINE TO RECEIVE GUARANTEED SHIRT SIZE IS OCTOBER 13.	
Shirt Size: Small	Large Early Bird (Until Sept 15) Sept 16 - Nov 2 Nov 3	3 - Nov 4
Medium	X-Large Adult Entry: 10K, 5K or I Mile \$15 \$20	\$25
	XX-Large Child Entry: 10K, 5K or I Mile \$10 \$15	\$20
Method of Payment: Card # (We accept Visa, N	Check or Money Order to: Senior Bowl Charity Run Cash Mastercard, American Express, or Discover.) Exp Date	
Authorized Signature		
	RELEASE OF LIABILITY READ BEFORE SIGNING	
• 1 1	te in any way with Senior Bowl, LLC, its related events and activities, I,	
2. I KNOWINGLY AND FREELY ASSUME ALL SUC	CH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,	
3. I willingly agree to comply with the stated at attention of the Company immediately; and,	and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation	ı and bring such to the
agencies, sponsors, advertisers, and if applicab	gns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Senior Bowl, LLC their officers, officials, agents and/or employees, volunteers, other place, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated REGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.	
	ABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RI INTARILY WITHOUT ANY INDUCEMENT.	GHTS BY SIGNING
PARTICIPANT'S SIGNATURE	Age Date	
	FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) th legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kir from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES	