



The Isaac Foundation Incredible Race for Autism

ENTRY FORM

To save your team's spot, you can submit the Team Captain's form via email and charge your team's fee by calling Holly at 499-1679.

You can also drop off Entry Forms in person near 7th and Stevens downtown call Deborah at 389-1082.

All entries must be received by Friday, November 6th 2009

Name of Player	First		Last			
Phone Number					Age on Race Day	
Address						
	City		State		Zip Code	
Email Address						
Name of Team					Are you the team captain?	Y N
Names of Other Team Members	1.	2.			3.	

Waiver and Release

1. I wish to participate in The Isaac Foundation Incredible Race for Autism. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event. I further understand that there are risks and dangers inherent in participating in the Event.

2. I understand that in order to be allowed to participate in the Event, I agree to assume all risks and to release and hold harmless The Isaac Foundation, and their officers, agents, employees, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials and volunteers, participating communities and clubs and all governmental and public entities including, but not limited to, the State, County and local municipalities where the events take place (collectively the "Released Parties").

3. I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Event, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

4. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event safely. All rules and regulations of the road will be followed by myself and my team during the event, and The Isaac Foundation is not held liable or responsible for violations or infractions incurred during this event. I understand no refund of my entry fee will be given under any circumstances.

5. Should any portion of this Waiver and Release be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release.

6. I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I sign of my own free will.

By signing below I agree that I have read and accepted the liability Waiver and Release form.

Signature of participant

Date

Parent or Guardian required if participant is under 18 years of age

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date

PAYMENT REQUIRED WITH ENTRY FORM to be considered a complete registration.

I have included a: Check in the amount of \$_____ (\$10.00 per person)

My Credit Card information is: **MC VISA DISCOVER AMEX**

Name (as it appears on card): _____

Card #: _____ Expiration: _____

CCV : _____ Zip Code _____

Total amount to charge (\$10.00 per person) _____

Email this form to holly@theisaacfoundation.org and call 499-1679 to submit your team payment

-OR-

MAIL ENTRY FORM WITH \$10 PER PERSON TO:

The Isaac Foundation

PO Box 1954-Airway Heights, WA-99001