



Sunday, May 19th at 1pm

STANDARD DARTS SUPPLIED BRING YOUR OWN NERF GUN

ALL REGISTRANTS MUST SIGN A WAIVER - FINAL REGISTRATION DUE BY MAY 14, 2019

SPECTATORS ARE WELCOME BUT MUST REMAIN OUTSIDE THE PAVILION & EVENT AREA.

POP-UP TENTS & LAWNCHAIRS ARE WELCOME. REFRESHMENTS WILL BE AVAILABLE FOR SPECTATORS TO PURCHASE.

Please detach the form below and drop off or mail to:

SJ Rescue Squad, Inc. PO Box 126, 38 Main Street Adams, NY 13605

Please make checks payable to South Jefferson Rescue Squad Inc.

| | Quantity | Amount | Sub Total |
|--|----------------------|---|-----------|
| Team of 2 | | \$25 EACH (\$30 after 5/6/19) | |
| Team of 3-5 | | \$45 EACH (\$55 after 5/6/19) | |
| Team of 6+ | | \$75 EACH (\$85 after 5/6/19) | |
| Lunch Subs, Salad & Smores | ____: # of Teammates | \$5 EACH | |
| EMS Week Nerf Battle T-shirts Adult: S M L XL XXL | Adult: _____ | \$20 EACH order by 5/1/19 | |

Please print clearly

Total: _____

Squad name: _____ Team Name: _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____

I know that participating in this event is a potentially hazardous activity for myself and that we should not enter unless we are medically able. I agree to abide by any decisions of an official relative to my ability to safely complete the course. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, and effects of the weather, including heat and/or humidity, lightning, and extreme cold, traffic and the conditions of the road such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release the South Jefferson Rescue Squad, Inc. and event volunteers, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Furthermore, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic, or electronic record of this event for legitimate purposes.

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____

Teammate Name: _____ Signature: _____ Date: _____