

REGISTRATION FORM

CIRCLE ONE; MEN/ WOMEN/ UNDER 18 **SHIRT SIZE;** _____

NAME; _____

ADDRESS; _____

CITY; _____ **STATE;** _____ **ZIP;** _____

EMERGENCY CONTACT NUMBER; _____

E-MAIL; _____

WAIVER

BY PARTICIPATING IN THIS CHARITABLE EVENT, I AGREE TO WAIVE RESPONSIBLE THE DEVIN LAUBI FOUNDATION, THEIR TRUSTEES, PAST, PRESENT AND FUTURE, AND ANY CORPORATE/BUSINESS SPONSORS OR ANY VOLUNTEERS FOR ANY DAMAGE AND/OR THEFT TO MY PROPERTY, AND INJURY TO MYSELF OR MINOR CHILDREN. IT IS MY RESPONSIBILITY TO HAVE PROPER FITTING EQUIPMENT FOR ANY MINOR CHILDREN AND MYSELF AND TO USE THEM ACCORDINGLY. I ALSO AGREE THAT I WILL FOLLOW THE RULES OF THE ROAD AT ALL TIMES.

SIGNATURE; _____ **DATE** _____

NAMES OF MINORS RESPONSIBLE FOR;

MAIL CHECK TO; Devin Laubi Foundation
 504 Main Rd.
 Westport, MA 02790

OR

REGISTER ON LINE AT www.mydevin.org