

2018 "I Lost it at the Club" – Survivor

Once this form has been processed there will be no refunds.

Participant's Name: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ (EMAIL MUST BE PROVIDED)

TRIBE ASSIGNMENT (OFFICE USE ONLY): _____

\$40.00 per participant

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest, its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Participant's Signature: _____ Date: _____

Method of Payment
(PLEASE CIRCLE)

Cash

Check

Credit Card

Member Charge

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____