



BIB #

June 30 - July 2, 2017
To benefit DC Inner City Excellence!

Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: _____ GENDER: MALE FEMALE

DISCIPLINE:   

TEAM/CLUB/RINK: _____ USARS #: _____

AGE CATEGORY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary 8 & Under | <input type="checkbox"/> Juvenile 9-10 | <input type="checkbox"/> Freshman 11-13 |
| <input type="checkbox"/> Junior 14-17 | <input type="checkbox"/> Senior 18-24 | <input type="checkbox"/> Master 25-34 |
| <input type="checkbox"/> Master 35-44 | <input type="checkbox"/> Master 45-54 | <input type="checkbox"/> Master 55-64 |
| <input type="checkbox"/> Master 65-74 | <input type="checkbox"/> Master 74+ | |

EVENT(S):

- | | |
|---|---|
| <input type="checkbox"/> \$70 Marathon | <input type="checkbox"/> \$20 5K |
| <input type="checkbox"/> \$50 Half Marathon | <input type="checkbox"/> \$20 Lap Kids Roll [<13 years] |
| <input type="checkbox"/> _____ Donation to DC-ICE | |

Please make checks payable to "Skater's Quest".

TOTAL ENCLOSED: \$ _____

Please save paper and print double-sided. Please sign waiver on reverse side.



June 30 - July 2, 2017

To benefit DC Inner City Excellence!

Registration Form

Waiver and Release of Liability

I understand and acknowledge that the inline skating is an activity involving a significant risk of personal injury, including disability and death. Acknowledging these risks, I hereby apply to enter the SKATE OF THE UNION, agreeing that I am solely responsible for my safety. I HEREBY AGREE TO WAIVE AND RELEASE any and all claims for injuries or damages, which I may incur during, as a result of my participation in this event, against the Skater's Quest, LLC., DC Inner City Excellence & Washington Area Roadskaters, their organizers, sponsors, sanctioning bodies, event employees, volunteers, officials, officers, directors, agents and medical personnel. I agree that I am solely responsible to be physically fit and sufficiently prepared to participate in this activity and to use equipment of a type and condition reasonably necessary to safely participate in this activity. If I require medical attention as a result of participation in the Skate of the Union, I hereby give my consent for authorized medical personnel of the Skate of the Union to provide such medical care as is deemed necessary. All medical expenses incurred will be the responsibility of the participant. This waiver and release shall be binding upon all my heirs and assigns. I understand that no entry fee refunds or transfers can be allowed under any circumstance. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

A signature is required for participation.

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Signature of Adult Participant:

Participants Name
(Please Print)

Parent/Guardian Signature (if applicable)

Parent/Guardian Name (if applicable)
(Please Print)

Date: