

REGISTRATION FORM

Please print:

Please sign waiver:

Name _____

Address _____

City _____

State _____ **Zip** _____

Phone _____

Email _____

Age (as of 10-27-12) _____

Gender _____

Shirt Size (circle one): **S** **M** **L** **XL** **XXL**

Return completed form prior to **10-23-12** to:

Lauren Rose Albert Foundation
106 Kenwood Drive
Cherry Hill, NJ 08034

In consideration of your accepting this entry, and granting of the right to participate in this event, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, personal representatives, successors and assigns, waive and release any and all claims for losses and damages I may have against the Lauren Rose Albert Foundation, sponsors, event committee volunteers, L&M Sports or their representatives, successors and assigns and/or any other person whosoever for any and all injuries, illnesses, including death, that may result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event, and verified by a licensed physician, and have sufficiently trained for the completion of this event. The undersigned has read and voluntarily signed this release and waiver.

Signature of participant (an adult or parent must sign for anyone under the age of 18)

Please makes checks payable to: **Lauren Rose Albert Foundation**