

JCC WILD RUMPUS RACE

Registration **Return to Laurie Wood, lwood@jccpgh.org**

Name _____ Age _____ M F

Address _____

City, State Zip _____

Phone _____ Email _____

Membership # _____ Exp. date _____ T-shirt size: Adult S M L XL Child S M L

By June 30 Age 13+ \$30/JCC member \$35/community
Ages 5-12 \$8/JCC member \$12/community

By August 31 Age 13+ \$30/JCC member \$50/community
Ages 5-12 \$12/JCC member \$18/community

September 1-21 Age 13+ \$40/JCC member \$60/community **No Guarantee of Receiving a T-Shirt**
Ages 5-12 \$15/JCC member \$20/community

**Day of Race
September 22** Age 13+ \$45/JCC member \$65/community
Ages 5-12 \$18/JCC member \$25/community

Please charge my: Visa Mastercard AMEX

Amount enclosed \$ _____ Account # _____

Signature _____ Date ___/___/___

Please make checks payable to the Jewish Community Center and return to:

Jewish Community Center of Greater Pittsburgh • Attn: Laurie Wood
5738 Forbes Ave., Pittsburgh, PA 15217

In consideration of the JCC accepting this entry, I hereby for myself, my heirs, executors and administrators, release any and all claims and rights or damages I may have against the organizers, JCC staff and sponsors of the JCC Wild Rumpus Race, for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that a licensed medical doctor has certified my physical condition. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purpose without charge.

Signature _____ Date ___/___/___