

2015 ENTRY FORM

Official Use Only

STILETTO STOMP PRESENTED BY MORRIS COUNTY HOSPITAL FOUNDATION

LOCATION:NORTH SIDE OF RAY'S APPLE MARKET PARKING AVAILABLE AT THE COUNCIL GROVE CHRISTIAN CHURCH

OCTOBER 18, 2015 | Council Grove, KS | 1:00 p.m.

Complete Entire Form Section—Please print neatly using capital letters. One entry per form.

Cash or Check accepted. Please make checks payable to MCHF.

NAME:	DOB:
STREET ADDRESS:	
CITY:	STATE/ZIP CODE:
PHONE NUMBER:	
EMERGENCY CONTACT & NUMBER:	
I/We hereby agree to abide by the rules and condition of the competition. I/We certify that the particulars are correct and I/We are physically fit and sufficiently trained to participate in the MCHF Stiletto Stomp 2015. In consideration of the acceptance of my/our entry, I/We release and forever discharge the organizers and all those involved with the organization of this MCHF Stiletto Stomp 2015 of all liabilities, claims, actions, damages, cost or expenses, which I/We may have against them arising out of in any way connected with my/our participation in this event, including all injuries that may be suffered by me/us before, during, or after the event. This includes Morris County Hospital, Morris County Hospital Foundation, Rays Apple Market, Rich Sounds, Council Grove Christian Church, as well as all Event Sponsors.	
I/We understand that this waiver includes any claims based on negligence, action or in any action of the above parties. I, parent/guardian of participants under 18 years of age have read and understand the above Waiver, Release, and Indemnification Clause and agree to allow the above named participant in the MCHF Stiletto Stomp 2015.	
	e photos and information for release to the public concerning the any responsibility regarding use of these photos or information.
I do not authorize Morris County Hospital Foundation to release photos/information concerning the Stiletto Stomp.	
Shirts Available at http://coachsassistant.gtmsportswear.com/stilettostomp Shirts will not be available for purchase at the event, MUST ORDER BY SEPTEMBER 25, 2015	
Signature Date	Registration Forms turned in <u>BEFORE October 16th</u> is recommended.
Parent/Guardian Signature (if under 18 yrs of age) Date	Forms may be dropped off at: Morris County Hospital Radiology Morris County Hospital Physical Therapy Morris County Hospital Business Office
	Race Day Registration is available but will close 30 minutes prior to the first race.

Printed Name of Parent/Guardian