



Name: _____ Age _____

Address: _____

City: _____ State _____ Zip _____

Phone: () _____

E-mail: _____ T-Shirt Size: _____

(Deadline for T-Shirts July 23, 2015)

Registration Fee: \$20.00 – Prior to Race Day (by mail)
\$25.00 – Race Day (Race Day registration begins **7:00pm**)

\$10.00 Race Day – Students ONLY

Check _____ Cash _____ Money Order _____

THANK YOU FOR YOUR SUPPORT!

Please fill out completely and send to:

Stomp MS America

518 Jefferson Ave E.

Carthage, TN 37030

Register Online at WWW.ACTIVE.COM

Questions? Email us at stompms@hotmail.com

**Race will be August 7, 2015 at 8:30 PM in Carthage, TN
Route – Starting at the Parking Lot by Sav-a-Lot and running
through downtown Carthage.**

**STOMP MS AMERICA
WAIVER RELEASE AND CONSENT**

In consideration of **Stomp MS** permitting (me)(my child) _____, who is under 18) to participate in the above-named event, I hereby, and for (me)(my child) heirs, executors, administrators, assigns and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I) (my child) may have against **Stomp MS**, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. **I UNDERSTAND THAT THIS MEANS I AGREE NOT TO SUE** any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my) (my child's) name, picture, portrait, likeness in any media for educational promotional and advertising purposes in furtherance of the corporate purposes and objectives of **Stomp MS**.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me, (my) (my child's) heirs, executors, administrators, assigns and all legal guardians (of my child)

Print Name of Participant

Date

Signature of Participant

Address

City, State Zip Code

I affirm that I am the parent/legal guardian of _____ and that I have full authority to authorize his/her participation in the above referenced **Stomp MS** event.

Signature of Parent/Legal Guardian if Participant is 18 Year or younger

Date