



Mail-In Registration Form

Playworks Arizona
2002 E Clarendon Ave
Phoenix, AZ 85016
ATTN: Britta O'Connor

Name: _____

Circle One: High-Five 300
Rock Paper Scissors 100
Kids Dash

Age: _____ **DOB:** _____

Email: _____

Circle One: Male Female

Address: _____

City/State: _____

Zip Code: _____

Phone: _____

Shirt Size | Circle One: Adult Small | Adult Medium
Adult Large | Adult XL | Adult XXL
Youth Small | Youth Medium
Youth Large | Youth XL

Emergency Contact: _____

Emergency Phone: _____

Disclaimer:

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against Mission Driven Events and Playworks (including the respective affiliates, employees, agents, officers, directors, and shareholders of such officials and sponsors), coordinating groups, and any individuals associated with the events, their representatives, successors and assigns, and will hold them harmless for any and all injuries or illness suffered in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. This entry is invalid unless signed by participant. If entrant is under 18 years of age, parent or legal guardian must sign below.

Participant Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

Amount Enclosed: _____

Instructions:

1. Complete entire form
2. Sign form
3. Enclose payment
4. Mail to address listed at top of form

**Payment must be received 7 days prior to the event date*