



2019 CAMELLIA CROSSING ENTRY FORM
ONE REGISTRANT PER ENTRY FORM
Please Print

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Cell Phone _____

Gender: Female Male Age _____ Birth Date _____ (MM/DD/YY)

Short Sleeve Shirt Size: Youth X-Sm Youth Sm Youth Med Small Medium Large XL 2XL 3XL
NOTE: A youth large is the same size as an adult small. Shirt size availability is contingent upon the time that your race packet is picked up.

Long Sleeve Shirt Size (\$5 extra): Youth X-Sm Youth Sm Youth Med Small Medium Large XL 2XL
NOTE: Size ordered cannot be changed. If you order a long sleeve shirt, you will not receive a short sleeve shirt (limited quantity and sizes available)

Email Address: _____

Team Name (if applicable): _____ Team Captain: _____

Estimated Finish Time (circle one): 35min & Under Over 35min Walker

Entry Fees:

Late Registration: Ages 13 & up (*begins November 18th*) \$40
 Late Youth Registration: Ages 12 & under (*begins November 18th*) \$35

Extra Mile Bib (You want one of these!) (*Additional Donation, Tax Deductible*) \$25
 Donate \$25 & you'll be recognized with a fun, colorful bib as thanks for your generosity in "Going the Extra Mile" for our neighbors fighting cancer.

Total Enclosed: Cash Check No. _____ \$ _____

Please make check payable to Miles Perret Cancer Services. For payment by credit card, please register online at www.milesperret.org or register in person at 2130 Kaliste Saloom Rd., Suite 200, Lafayette, LA 70508. 337-984-1920

TO BE READ AND SIGNED BY PARTICIPANT (OR PARENT OR LEGAL GUARDIAN IF UNDER 18)

RACE RELEASE: In consideration of this race, I, for myself, my heirs, executors, administrators, and assigns (collectively, the "Releasors"), do hereby forever release, discharge, hold harmless and indemnify Park Place Surgical Hospital, Miles Perret Cancer Services, the Games of Acadiana, the City of Lafayette, their agents, employees, race officials, sponsors, and volunteers (collectively, the "Releasees") from and against any and all demands, claims for damages, causes of action, and liabilities of whatever kind or nature, known or unknown, that any Releasors may have against any Releasees for any and all injuries in any manner arising or resulting from my (or if I am signing as a parent or legal guardian of a minor, the minor's) participation or involvement in said race or in pre-race or post-race activities. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I attest and verify that I have full knowledge of the risks involved in the race, that I assume those risks, (or if I am signing as a parent or legal guardian of a minor, the minor's) that I will assume and pay my own (or the minor's) medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses, and that I am (or the minor is) physically fit and sufficiently trained to participate in this race.

I release the rights to any and all photographic material and computer information that Park Place Surgical Hospital, other sponsors, and Miles Perret Cancer Services release for this event for any purpose without obligation or compensation to me.

This event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds, rather, your entry fee will be used as a donation to Miles Perret Cancer Services.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND RELEASE. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Participant Name (Print) _____ Date _____ Participant Signature _____ (*Parent Signature if under 18*)