

# EXTREME INFLATABLE TEAM RELAY!

AST MYDNA PRESENTS....

**CRAZY FUN.. CHALLENGING RUN!**



**IT'S NOT  
ABOUT  
THE RUN**

**SEPTEMBER 24, 2016**

**LITTLE AXE HEALTH CENTER**

**MUST HAVE RELAY TEAM OF 4**

**KICKS OFF @ 9:00 AM**

**BRACKET DETERMINED AFTER ENTRY CLOSES**

**REGISTRATION CLOSES ON SEPTEMBER 16, 2016!**

**IT'S ALL  
ABOUT  
FUN**



Participant 1 name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Participant 2 name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Participant 3 name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Participant 4 name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Phone: \_\_\_\_\_

**For more information contact 701-7993 Event hosted by MYDNA**

TEAM NAME: \_\_\_\_\_ I, grant my child, permission to participate in the Absentee Shawnee Extreme Inflatable 3k Relay. In consideration of the acceptance of this entry I waive all claims for myself, and my heirs against the sponsors, co-operating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result my participation. I hereby give my permission for my participation or my child's participation. I hereby give permission to the event sponsors to use my name and image without limitation or obligation. I certify that those participating are physically fit for this event and understand the risks involved by participating in this event.

\_\_\_\_\_ Signature \_\_\_\_\_ Date