

Saturday, April 9th, 2011- RACE BEGINS 10:30am
Race for Carly's Club & Clarence Band Boosters

REGISTRATION FORM

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____ @ _____

If registering as part of a team/group.

Team Name: _____

Team Captain: _____ Members Names: _____

In case of emergency, please call,

Name: _____ Relationship: _____

Phone: _____ Email: _____ @ _____

Please return completed registration form and fee of \$15.00 to
Clarence Band Boosters Club, TEAM CURE, P.O. Box 97, Clarence NY 14031
Make checks payable to **Clarence Band Boosters**

WAIVER: I hereby waive all claims against THE CLARENCE BAND BOOSTERS CLUB, INC., AND ANY OF THEIR VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, ANY BUSINESSES ASSOCIATED WITH THIS RACE, BOARD MEMBERS AND SUCCESSORS FROM ANY INJURY AND ALL LOSS, LIABILITY, RESPONSIBILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PATICIPATION IN THIS EVENT. I attest that I am physically able and prepared for this event. I grant organizers to use my name and photographs of me (my child) in legitimate accounts and promotions for this event.

Signature: _____ Date: _____

Parent/Guardian's Signature (if volunteer is under 18): _____

Age (if under 18): _____



ROSWELL PARK
CANCER INSTITUTE



VISIT <http://www.clarenceschools.org/webpages/bboosters>

Our promise is to support kids fighting cancer, cancer research and to support the Clarence High School Bands and enrich their musical experiences.