



# Appalachian Trail Challenge

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I \_\_\_\_\_ (Participant/Parent) hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, hereby release by the Workman Sports Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the Workman Sports Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the Workman Sports Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the Workman Sports Complex, for any reason. I agree that my or my child's picture or likeness can be represented and published in any by the Workman Sports Complex. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Participant/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- **Challenge runs February 7th - April 10th (9 weeks)**
- **This guarantees a t-shirt with registration fee.**
  - **May purchase an additional t-shirt for \$12.50**
- **4 participants per team, including 1 team captain**

**Please circle shirt size:**

**Small      Medium      Large      X-Large      2XL (additional 2.00)      3XL (additional 4.00)**

**Fee: Member \$35.00**

**Non-member: \$45.00**

**For Office Use Only**

Payment Method: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount \_\_\_\_\_

Date Paid \_\_\_\_\_ Processed \_\_\_\_\_ Employee \_\_\_\_\_