

**Teal Ribbon Ovarian Cancer Research Foundation
Teal Racers - Kids Race
Registration Form**

First Name:

Last Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

List children and their Race Day Age & Gender below:

Name: _____	Age: _____	Gender: M F
Name: _____	Age: _____	Gender: M F
Name: _____	Age: _____	Gender: M F
Name: _____	Age: _____	Gender: M F
Name: _____	Age: _____	Gender: M F

In order to complete the registration, please read the waiver.

By checking the Agree box below, you agree, warrant and covenant as follows: I, the undersigned, (for myself, heirs, personal representatives and assigns) intending to be legally bound, do hereby waive and release all rights, claims, demands and/or causes of action against the Teal Ribbon Ovarian Cancer Research Foundation, and race sponsors for any personal injury which I might sustain during said event, immediately known to me or hereafter discovered, and for any and all other damages or losses which I might incur, now or in the future, arising from or out of my participation in said event. If you are registering third parties, you represent and warrant that you have been duly authorized to act as agent on behalf of such parties in performing this event registration. By proceeding with this event registration, you agree that the terms of this Registration Agreement shall apply equally to you and to any third parties for whom you are acting as agent. Compliance with Children's Online Privacy Protection Act (COPPA). You represent and warrant that, in compliance with COPPA, you are over thirteen (18) years of age, and that if you are registering a child under ten (10) years of age you are the parent/legal guardian of such child, and do hereby consent to the collection of such child's personal information.

Agreed Disagreed

Signature: _____ Date: _____