

Registration Form



Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone : _____ Member #: _____
Email: _____

Chapter Name and #: _____

- No, I am not able to attend the IC Challenge but enclosed is my donation of \$ _____.
 Yes, I will raise at least \$200 and attend the IC Challenge. Enclosed is my first donation of \$ _____.
T-shirt size (check one):

S M L XL 2XL 3XL 4XL

*All t-shirts will be picked up at IC Convention in July. If you are unable to attend please arrange for someone else to pick up your t-shirt at IC Convention.
Please make all checks payable to St. Jude Children's Research Hospital.

Consent and release of liability:

By signing below, you agree, warrant, and covenant as follows:

ALL PARTICIPANTS IN THE ESA PICK PLAY GIVE IC CHALLENGE AND RELATED EVENTS ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT.

The undersigned participant, on behalf of himself/herself and on behalf of the participant's personal representatives, assigns, heirs, and executors, hereby fully and forever releases, waives, discharges, and covenants not to sue Epsilon Sigma Alpha International, Epsilon Sigma Alpha Membership Corporation, American Lebanese Syrian Associated Charities (ALSAC), St. Jude Children's Research Hospital (St. Jude), and all public or private agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies or individuals related to the event (collectively Releases) from all liability to the participant and his/her personal representatives, assigns, heirs, and executors, for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to the participant or property or resulting in the death of the participant, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with the participants in the event.

The participant represents and warrants that he/she is in good physical condition and is able to safely participate in the event.

The participant is fully aware of the risks and hazards inherent in participating in the event and hereby elects to participate voluntarily in the event, knowing the risks associated with the event. The participant hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the event.

The participant agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation.

The participant acknowledges that the entry fee is non-refundable and non-transferable.

The participant hereby grants to Epsilon Sigma Alpha International and their agents, affiliates, and designees access to all medical records (and physicians) as needed and to authorize medical treatment as needed.

The participant warrants that all statements made herein are true and correct and understands that Releases have relied on them in allowing participant to participate in the event.

IF PARTICIPANT IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the event. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting, the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to participate safely in the event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Signature of Entrant _____ Date _____

Epsilon Sigma Alpha International reserves the right to require proof of age. Parent or guardian must also sign below for entrants under 18 years of age. By signing, parent agrees to the same conditions required of entrant.

Signature of Parent/Guardian _____ Date _____

ESA Headquarters
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