AMBULANCE CHASE ENTRY FORM

Name: _____

Address: _____ City:_____

State/Zip: _____ Phone: _____

Gender: (circle one) M F Age on Race Day: _____

Shirt size: (circle one) S M L XL

Race entry fee: (includes shirt, while supplies last)

Before - $20.00 w/shirt, $15.00 w/o shirt Day of race - $25.00 w/shirt, $20.00 w/o shirt

Waiver:

In consideration of my entry, I intend to be legally bound, for myself, my heirs, executors, and administrators, and waive, release and forever discharge any and all rights and claims which I may hereafter accrue to against the sponsors and officials of the race described in this entry form, and the City of East Lansing/MSU College of Law or their respective officers, agents, representatives, successors, and/or assigns, while participating in this event.

_____ _____
Participants Signature Date

_____ _____
Parent's Signature if under 18 Date

Mail to and make check payable to:

MSU College of Law
Attn: SBA Office (5k Run/Walk)
368 Law College Building
East Lansing, MI 48824-1300