

Hospice Tube Race Registration

Please fill out the following information:

Last Name	First name	

Mailing Address		

City	State	Zip

Telephone		

Registrant's email address		

Waiver (each participant must read and sign below)

I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless Hospice of Jefferson County, Inc. and the Hospice Foundation of Jefferson County, Inc. and any affiliated individuals.

Important: Participants under age 18 must have this signed by a parent or guardian.

Participant's Signature	Date

Guardian's Signature	Date