



## Greene County Hunger Challenge

### Event Registration Form

One Entry per Form

**Registration Deadline: August 30, 2017**

(Copies of form are acceptable.)

Participant: \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Entry Fee (*Please check one*):  Team- \$100.00  Individual- \$30

Payment Enclosed  Invoice Me

Make checks payable/Remit registration to:

**Corner Cupboard Food Bank, Inc.**

**881 Rolling Meadows Road**

**Waynesburg, PA 15370**

Completed registration forms may also be e-mailed to: [director@ccfb.comcastbiz.net](mailto:director@ccfb.comcastbiz.net)

*In consideration of the acceptance of this application and intending to be legally bound, I hereby waive, discharge, and release myself and my heirs, successors, administrators, executors, of any and all claims, damages, and causes of action of whatsoever kind including negligence that I may have as a challenge against the event organizer in the Greene County Hunger Challenge, and all their respective heirs, successors, administrators, executors, asides, trustees, and parent subsidiaries or affiliated companies if any. In addition, as an inducement for the acceptance of this application, I hereby certify that I have adequately trained for this event and am fully aware of the risks posed on this course. I further certify that I have read and have full understanding of its contents.*

Each Greene County Hunger Challenge participant **must** sign liability waiver at event prior to participation.

X \_\_\_\_\_ Date \_\_\_\_\_ (Signature of Parent/Guardian if Under 18)