

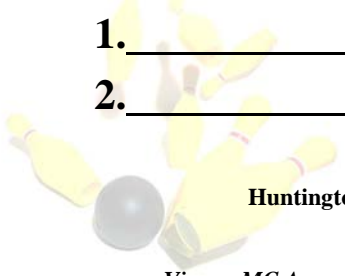
STRIKE!!!! An Evening of Bowling | REGISTRATION

PARTICIPANT'S NAME	ADDRESS	EMAIL	PHONE NUMBER
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1.	
2.	
3.	
4.	

THIS IS AN ACKNOWLEDGEMENT OF RISK & RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE HBCAC, AND HAVE THEREFORE READ CAREFULLY. I, the undersigned, for myself, my heirs, executors, administrators and assigns (on behalf of the minor named below, age below 18), understand and assume the risks involved with the Bowling Event, including pre and post activities (hereinafter the "Event"), and do hereby release, discharge, indemnify and hold harmless the HBCAC, its officers, directors, employees, volunteers, agents and sponsors ("HBCAC") from any and all claims, demands, judgments, actions and/or causes of action of any kind or character for any injuries, death, or damages of any kind, arising out of my (the Minor's) participation in the Event. I attest and verify that I am (the Minor is) physically able- to participate in the Event, and that there are no medical conditions to prevent me (the Minor) from participating herein. In the event of my (the Minor's) injury, illness or emergency during the event, I authorize (1) any medical treatment by medical personnel, including hospitalization, sought by HBCAC for me (the Minor), and (2) HBCAC or said medical personnel to arrange/provide any necessary transportation for such medical treatment. IN CONNECTION WITH THE MINOR, IF I WILL NOT BE ATTENDING THE ENT WITH THE MINOR, I HAVE COMPLETED AND SIGNED A MINOR MEDICAL HISTORY FORM, WHICH WILL BE IN SAID MINOR'S POSSESSION (MINOR) DURING THE EVENT, AND WHICH I AUTHORIZE HBCAC TO DELIVER TO ANY MEDICAL PERSONNEL PROVIDING TREATMENT TO THE MINOR. The HBCAC, its agents, sponsors and/or news organization will be photographing and videotaping this event; I agree that any photographs, videotapes, recordings of any kind or other images containing my likeness (or the Minor's) are the sole property of HBAC or the photographer. I hereby authorize the HBCAC, its agents, sponsors, and/or news organizations to use or publish said images for news accounts, publicity or promotional purposes or for any other lawful purpose. All participants must sign and date below. If participant is under 18, parent or guardian signature is required.

1. _____	3. _____
2. _____	4. _____



Huntington Breast Cancer Action Coalition, Inc. 746 New York Avenue, Huntington, NY 11743
Tel. (631) 547-1518 / Email friends@hbcac.org / Website www.hbcac.org



Make checks payable to HBCAC

Visa or MC Accepted: circle type *Card #* _____ *Exp.* _____ *# Tkts.* _____

Name on card: _____ **Signature:** _____