

CRUZIN' FOR KIDZ

Registration Form

Please complete, sign and return this from.

Driver:

Last Name: _____ First Name: _____

Email Address: _____

Passenger:

Last Name: _____ First Name: _____

Would you like to be notified by email for future Cruzin' For Kidz benefit rides?

YES NO

How did you hear about this ride? _____

ALL REGISTRANTS (DRIVER AND PASSENGER) MUST SIGN THE FOLLOWING RELEASE OF LIABILITY FORM.

RELEASE AND INDEMNITY AGREEMENT

PLEASE READ BEFORE SIGNING

I hereby give all my rights to sue or make any claim whatsoever against Cruzin' For Kidz, Williston Elementary School, Levy County School Board, the promoters, sponsors, and all other persons, participants, or organization conducting or connected with this event for any injury of property or person, including crippling injury or death. Whether such injury arises while I am preparing for or participating in the event or while I am upon the event premises and relying upon my own judgment and ability, I assume all risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

THIS IS A RELEASE

Driver Signature: _____ Date: _____

Passenger Signature: _____ Date: _____

Age of Minor: _____

Please bring completed form with you the day of the ride or return to:

Williston Elementary School
ATTN: Cruzin' for Kidz
801 S Main St
Williston, FL 32696