

# OFFICIAL ENTRY FORM

Please make checks payable to the **MVCC FOUNDATION, INC.**

FIRST NAME	MIDDLE INITIAL	LAST NAME

STREET ADDRESS	CITY	STATE	ZIP CODE

E-MAIL ADDRESS	TELEPHONE NUMBER

GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE ON MAY 4, 2019	T-SHIRT SIZE (CIRCLE) <b>S M L XL XXL</b>	CHECK ONE: <input type="checkbox"/> RUN <input type="checkbox"/> WALK	Are you an Alumnus of MVCC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> I will participate, enclosed is my registration fee of \$			Are you a student <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of College/School
<input type="checkbox"/> I cannot participate, but I wish to make a contribution. Enclosed is my donation of \$			Are you participating in the Law Enforcement Challenge? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Law Enforcement Agency <small>(You must be an employee of this agency to participate in the challenge.)</small>
PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK		Exp. ____/____/____ CID# _____		
<input type="checkbox"/> CREDIT CARD _____				

In consideration of being permitted to participate in the Ted Moore Memorial Run/Walk Event, I hereby for myself, my heirs, and my personal representatives assume any and all risks associated with this event. I further waive, release, discharge, and covenant not to sue Mohawk Valley Community College, the MVCC Foundation, its employees, sponsors, organizers, volunteers or other representatives or agents or their successors and assigns for any and all injuries or damages of any kind whatsoever suffered as a result of me and/or my child taking part in the event and any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

PARTICIPANT/GUARDIAN SIGNATURE	DATE

TO PARENT OF APPLICANT UNDER 18 YEARS OF AGE:  
I have read the foregoing and agree to its terms as they pertain to the minor applicant, and further agree to waive, release and hold harmless the persons and entities named above from all rights, claims and liabilities as above, and for loss of services, which I may be entitled to enforce on behalf of the minor applicant or derivatively.

SIGNATURE	DATE

Please complete registration form and mail payment to:

MVCC Foundation, Inc.  
Attn: Ted Moore Run/Walk  
1101 Sherman Drive  
Utica, NY 13501