



2010 SFE YOUTH OLYMPICS REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ APT# _____ AGE ____ SEX ____

Check Events you wish to participate in:

3k Youth Marathon

Punt Pass Kick

Obstacle Course

40 Yard Dash

Disk Throw

Waiver, Release, Assumption of Risk:

I understand that my participation in 2010 SFE YOUTH OLYMPICS involves risk and dangers of serious and permanent bodily injury or death. I, or my parent/ guardian if I am a minor, hereby release, hold harmless, discharge, and agree not to sue Capital Contribution Center Inc., Boise Soul Food Extravaganza, Directors, Officers, Employees, Volunteers, Agents, Sponsors, Advertisers, Owners / Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social / recreational activities. I certify that the participant named below is in good health, but if an injury occurs, I authorize the event staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an extreme emergency, I authorize the emergency personnel to take proper action. I also understand Boise Soul Food Extravaganza and Capital Contribution Center Inc. retains the right to use for publicity and advertising, photographs and video taken of the participants.

Participant's name: _____

Parent/guardian name(print): _____ Parent/guardian
signature: _____
Date: _____

PLEASE PRINT AND EMAIL TO coordinator@boisesoulfoodfestival.com UPON COMPLETION