

“PIECES TO MAKE A GREATER WHOLE - RELEASING MUCH ENERGY.”



Email: fusionadventureraces@gmail.com

Registration Form

I wish to enter the following team in Fusion lite carded for 1st of April 2017.

Company Name:

(IF APPLICABLE)

Team Name:

WAIVER

I understand that participation in fusion is potentially hazardous and that a registered party should not participate unless they are medically able and properly trained. Participation carries with it certain inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death.

I understand and agree that in consideration of being permitted to participate in fusion, I, my heirs, personal representatives or assigns of me do hereby release, waive, discharge and covenant not to sue active for any and all liability from any and all claims arising from participation in fusion.

I agree that any photos or videos which are taken at fusion, is the property of fusion and can be used as desired.

The signatures below indicates that all the members of the TEAM (Team Leader and Team Member) have read and agreed with what is written in the WAIVER.

TEAM LEADER

TEAM MEMBER

TEAM INFORMATION

(PLEASE PRINT INFORMATION IN BLOCK LETTERS)

TEAM LEADER

FIRST NAME

SURNAME

DATE OF BIRTH

EMAIL ADDRESS

Gender MALE FEMALE Contact No.: _____

Allergies? Yes () or No() If Yes, please list _____

TEAM MEMBER

FIRST NAME

SURNAME

DATE OF BIRTH

EMAIL ADDRESS

Gender MALE FEMALE

Allergies? Yes () or No() If Yes, please list _____

Please complete this form and return to any of our representatives listed below. For further information please contact:

Amina - 374-6622, Kizy: 499-9314 or Candice: 460-5111

