



2017

Official Use Only

ENTRY FORM

STILETTO STOMP PRESENTED BY
MORRIS COUNTY HOSPITAL FOUNDATION

LOCATION: RIVER WALK

PARKING AVAILABLE AT NEOSHO RIVER WALK PARKING AREA

OCTOBER 8, 2017 | Council Grove, KS 3:00 p.m.

Complete Entire Form Section—Please print neatly using capital letters. One entry per form.

Cash or Check accepted. Please make checks payable to MCHF.

NAME:	DOB:
STREET ADDRESS:	
CITY:	STATE/ZIP CODE:
PHONE NUMBER:	RELAY TEAM NAME:
EMERGENCY CONTACT & NUMBER:	

I/We hereby agree to abide by the rules and condition of the competition. I/We certify that the particulars are correct and I/We are physically fit and able to participate in the MCHF Stiletto Stomp 2017. In consideration of the acceptance of my/our entry. I/We release and forever discharge the organizers and all those involved with the organization of this MCHF Stiletto Stomp 2017 of all liabilities, claims, actions, damages, cost or expenses, which I/We may have against them arising out of in any way connected with my/our participation in this event, including all injuries that may be suffered by me/us before, during, or after the event. This includes Morris County Hospital, Morris County Hospital Foundation, Morris County EMS, City of Council Grove, Courtney Anderson as well as all Event Sponsors.

I/We understand that this waiver includes any claims based on negligence, action or in any action of the above parties. I, parent/guardian of participants under 18 years of age have read and understand the above Waiver, Release, and Indemnification Clause and agree to allow the above named participant in the MCHF Stiletto Stomp 2017.

- I authorize Morris County Hospital Foundation to take photos and information for release to the public concerning the Stiletto Stomp. I release Morris County Hospital from any responsibility regarding use of these photos or information.
- I do not authorize Morris County Hospital Foundation to release photos/information concerning the Stiletto Stomp.

_____ Signature	_____ Date
_____ Parent/Guardian Signature (if under 18 yrs of age)	_____ Date
_____ Printed Name of Parent/Guardian	

**Registration Forms turned in
BEFORE October 5th is recommended.**

Forms may be dropped off in the Radiology Department
 Forms may also be mailed _to:

MCH Radiology Department
Stiletto Stomp
600 N. Washington
Council Grove, KS 66846

**Race Day Registration is available but will close
30 minutes prior to the first race.**

Registration Fees : \$10 **18 & under : \$5**
Cash or Check Accepted Please make checks payable to **MCHF**